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ABSTRACT

Seventeen essays are presented which explore aspects of intercultural communication as it relates to the counseling profession. The papers describe cross-cultural dimensions of the counseling relationship, the adjustment process, the point of view of special populations, and suggestions for counselor training. The compilation was made in the belief that people working with multicultural populations must be aware of their own bias and the cultural values of their target audience. Section I presents four papers about counseling guidance and therapy relationships. Topics include guidance implications of concepts from the fields of culture and personality, cultural barriers in the counseling relationship, and the counseling process and its cultural setting. Section II includes studies of the mental health, adjustment, and counseling problems of students from Asian countries. The five papers in Section III explore intercultural problems of specific groups in American society, including Mexican-Americans, Chinese-Americans, Blacks, and American-Indians. Section IV offers four papers about cross-cultural counselor training. Among the topics are cultural stereotyping among psychotherapists and cross-cultural training of mental health professionals. (AV)

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READINGS IN
INTERCULTURAL COMMUNICATION

VOLUME IV

CROSS-CULTURAL COUNSELING:
INTERCULTURAL HELPING RELATIONSHIPS

Edited by
Paul Pedersen

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INTRODUCTION

Cross-cultural training is useful to counselors for a number of reasons. First of all, the traditional systems of mental health services have a cultural bias favoring the dominant social class over others which is counterproductive to the equitable distribution of services. Secondly, other cultural groups have discovered indigenous modes of coping and treatment which not only work better for them but may be usefully applied to other cultural groups as well. Thirdly, community mental health services are expensive when they fail, as measured by operating costs and by the useless expenditure of lives, and cross-cultural training might prevent some programs from failure in our multi-cultural society. Fourthly, unexplored resources for cross-cultural training in mental health services are readily available in the un-coordinated writings of persons performing counseling functions on the periphery of the counseling "profession." Fifthly, the APA Conference on Patterns and Levels of Professional Training held at Vail, Colorado, 1973, has finally declared that "offering services to persons of culturally diverse backgrounds by persons not competent in understanding such groups is regarded as unethical."

Ethnocentric notions of adjustment tend to ignore inherent cultural values, allowing the encapsulated counselor to evade reality while maintaining a cocoon of internalized value presuppositions about what is "good" for the counselee. This tendency toward cultural isolation is accentuated by the inherent capacity of culture-bound and time-honored values to protect themselves against the tentativeness of new knowledge. The very data which defines the task of counseling can take on a reified meaning in reinforcing modal stereotypes of cultural groups, separating counselors from the social reality of the person from another culture.

The readings in this Volume were selected from over five hundred articles and books being used in a course on "Cross Cultural Counseling" at the University of Minnesota. They describe cross-cultural dimensions of the counseling relationship, the adjustment process, the point of view of special populations and suggestions for counselor training. There is a practical as well as a theoretical emphasis represented in this selection asserting both that cross-cultural training increases the efficient delivery of mental health services and that it is consistent with professional goals of the "helping" professions. In order to avoid what Wrenn calls "counselor encapsulation," it is essential for persons working in multicultural populations to be aware both of their own bias and the cultural values of their target audience.

The rhetoric of equal opportunity has led mental health agencies into treatment environments in which they are confronted with different and conflicting notions of right and wrong. Strengthening our capacity in intercultural helping relationships will require going beyond the rhetoric and developing models such as are described in these articles which will train counselors to work through the implications of intercultural differences.

Paul Pedersen
University of Minn.
June, 1974

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COUNSELING GUIDANCE AND THERAPY RELATIONSHIPS

C

GUIDANCE IMPLICATIONS OF CONCEPTS FROM THE FIELD OF CULTURE AND PERSONALITY

Joseph S. Zaccaria

In his description of the indifferent intercourse between guidance and sociology, Hansen (1963) portrays guidance as the monogamous mistress of psychology. Although a review of the literature and research in the field of guidance-personnel work does not reveal any substantial change in the relationship between guidance and sociology or any of the other behavioral sciences, there appears to be an emerging trend toward seeking to harness the growing power of all the behavioral sciences for developing a broader theoretical basis for guidance and for evolving more adequate practices. Thus, a small but increasingly potent mode of thought in the field of guidance-personnel work is beginning to focus upon the individual and his development within a societal and cultural context.

Anthropology and sociology, for example, study the behavior of human beings in society, but so do other behavioral sciences such as psychology, social psychology, economics, history, and political science. The unique focuses of anthropology and sociology, however, are the investigation of culture, social institutions, human groups, and human interaction.

The first step in understanding a behavioral science or any other scientific discipline is the mastery of its basic concepts. Concepts provide the intellectual tools with which the behavioral scientist works; concepts define the phenomena to be studied; concepts differentiate and delineate one behavioral science from another. Indeed, the term science has been defined as "an interconnected series of concepts and conceptual schemes" (Conant, 1951, p. 25).

An Analogy - One of the major problems in strengthening bridges between guidance and the behavioral sciences is the difficulty of transplanting concepts and integrating them with theory and practice in guidance. In many ways the problem of integrating concepts from the behavioral sciences with guidance is analogous to the problem of grafting in botany. In grafting it is important to begin with a healthy and vigorous plant, firmly rooted in good soil. This plant is called the stock, and it is to a branch of this plant that a new plant called the scion is grafted. In general, a successful graft is facilitated if: (1) the two plants, i.e., the stock and the scion, are somewhat related to each other, (2) the proper type of graft is made, and (3) appropriate steps are taken to insure the most favorable conditions for the graft to be successful.

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Guidance theory and practice are analogous to the stock, for it is with guidance that a concept must be integrated. The concept from the behavioral sciences is like the scion. There must be some kind of logical and functional relationship between the concept (scion) and the field of guidance (stock). Likewise, just as the proper type of cut must be made in order to insure a good graft, so must the proper integration be made between the field of guidance and knowledge in the behavioral sciences. Although grafting in botany does not result in any new varieties of plants, the grafting of knowledge (e.g., concepts) from the behavioral sciences to guidance can generate new theories and lead to better practices.

The Concepts of Society and Culture Although the concepts of "society" and "culture" have enjoyed a rather wide usage in guidance literature and research, few studies have systematically investigated how these concepts can be integrated with general thought in guidance. Fewer still have been the efforts to relate the impact of the concepts of society and culture upon theory and practice in guidance.

Two complementary facets of the concept of society appear to have significant implications for guidance. The first dimension views society as a dynamic and evolving series of social relationships between individuals and groups of individuals. Thus, Simmel (1950, p. 10) defines society as "an aggregate of individuals among whom there are social relationships," and Redfield (1941, p. 15) defines society as "a number of individuals connected by interaction." Thus, one dimension of society is a web of social relationships, an endless array of formal and informal groups.

In addition to viewing society as a large, inclusive group in which relationships occur among individuals and groups, society can also be seen as a set of institutions which in turn provide a framework for social life. Economic, political, religious, educational, familial, and recreational institutions and the interrelationships among these institutions thus constitute the complementary aspect of the concept of society.

The complexity of the concept of culture is evidenced by the widely differing, but greatly overlapping, definitions of the term. Kroeber and Kluckhohn (1952), for example, outline 14 differential emphases for the many meanings of the word *culture*. For purposes of presentation, the definition of Horton and Hunt (1964, p. 596) will serve to convey a widely accepted meaning for the term: "Culture is the social heritage which the individual receives from the group; a system of behavior shared by members of a society."

Thus there is a dynamic relationship between (1) the *culture*, which is a system of behavior shared by members of a society, (2) the *society*, which is a group of people who share a common culture, and (3) *individuals*, whose interactions result in the formation of a society. The concepts of society and culture relate with guidance thought only as the relationship of society and culture to human development is more adequately understood..

Culture and Personality Development One of the pertinent continuing areas of investigation within the fields of anthropology and sociology has been the area of culture and personality. A review of the literature and research in this area reveals three unique but related concepts that attempt to describe the nature and dynamics of the cultural patterning of individuals within a given society.

Configurational Personality Ruth Benedict (1934) first proposed the concept of configurational personality in her widely read book, *Patterns of Culture*. The theoretical underpinnings of this concept have been summarized as follows (Singer, 1961, pp. 25-26):

1. In every culture there is a wide range of individual temperament types (genetically and constitutionally determined) which recur universally.
2. Every culture, however, permits only a limited number of types to flourish, and they are those that fit its dominant configuration.
3. The vast majority of individuals in any society will conform to the dominant types of that society, since their temperaments will be sufficiently plastic to the moulding force of the society. These will be the "normal" personality types.
4. A minority of individuals in every society will not "fit" the dominant types, either because their temperament types are too deviant from the ruling types or because they are "insufficiently endowed." These will be the "deviants" and "abnormals."
5. The classification and distribution of "normal" and "abnormal" personality types is relative to the configurations of particular cultures which define the criteria of "normality" and "abnormality."

Although Benedict first developed a twofold classification of Apollonian and Dionysian types based upon mythological characters, she later transformed the concept from a "characterization of different cultures in terms of a collective *ethos* into a theory of relations of different kinds of cultures to personality types" (Singer, 1961, p. 24), including the standard personality types of paranoid, megalomaniac paranoid, etc.

Basic Personality The concept of basic personality was originally presented by Abram Kardiner (1939) in his book, *The Individual and His Society: The Psychodynamics of Primitive Social Organization*, and was later further developed in *The Psychological Frontiers of Society* (1945). Kardiner begins with Benedict's configurations and expands her few "phychological types" based upon the dominant values and motivations of a culture into "typical unconscious constellations." Theorizing within a psychoanalytic frame of reference, Kardiner views the development of unconscious constellations through child-rearing practices and other primary institutions, such as the family. The aspects of culture in which these unconscious constellations find their expression, e.g., art, folklore, mythology, religion, etc., are called secondary institutions.

Basic personality is a diagnostic summary of unconscious psychological constellations that are developed by a culture's distinctive primary institutions and that in turn generate secondary institutions. Basic personality is not a descriptive profile of the personality of individuals within a given culture. Rather, it is a set of nuclear trends that become functional in the characters of individuals who have been reared under similar primary institutions.

Modal Personality The concept of modal personality was introduced into the literature by Cora DuBois (1944) in her monograph, *The People of Alor, A Social Psychological Study of an East Indian Island*. She notes (pp. 3-5) that modal personality is:

> the product of the interplay of physiologically and neurologically determined tendencies and experiences common to all humans acted upon by the cultural milieu. . . . It is quite possible that some societies permit the individual less leeway and pattern him more highly than other societies. . . . Ranges, however, are measured upon a common baseline. On such a baseline data show a certain modal personality for a particular culture.

Thus modal personality is, in effect, a profile of mean scores of a sample of members of a given society based upon the data obtained from any number of test instruments of observational measures.

Implications for Guidance In the past, guidance has been the monogamous mistress of psychology. It is quite apparent that the bulk of the theoretical basis for guidance-personnel work has been developed from a psychological frame of reference. Only recently has guidance-personnel work begun to explore the possible contributions of the other behavioral sciences for theory and practice. While psychology focuses primarily upon the individual, sociology and anthropology focus primarily upon groups. It is not surprising, therefore, that these disciplines focus upon grossly different kinds of concepts.

Sociology and anthropology study human development in an attempt to evolve principles that apply to large segments of the population. Configurational personality, basic personality, and modal personality are, in effect, *normative* or *nomothetic* concepts, since they relate to a relatively large proportion of the population. Like the statistical concept of the *mode*, nomothetic concepts denote the most common type of occurrence.

When culture and personality studies are considered in terms of their implications for guidance, it would appear that a new dimension should also be considered--the *idiographic* dimension. While individuals within a culture or subculture *tend to have* some common characteristics among them, each individual is unique. This uniqueness constitutes the idiographic dimension. Each man is in some ways like all other men (human nature), like some other men (culture patterning), and like no other man (the idiographic dimension).

Herein lies the contribution of culture and personality studies for the field of guidance-personnel work. Indeed, herein lies a major contribution of all the behavioral sciences. By focusing upon groups within the culture, the behavioral sciences can provide the guidance worker with a broader perspective concerning the impact of culture upon personality development.

> The logical construct, culture, is based upon the study of behavior and behavioral products. It returns to behavior and behavioral products in that the concept of culture makes behavior more intelligible and, to an appreciable extent, makes possible predictions about behavior in particular areas. But culture is not behavior nor the investigation of behavior in all its concrete completeness. Part of culture consists of norms for or standards of behavior. Still another part consists of ideologies justifying or rationalizing certain selected ways of behavior. Finally, every culture includes broad general principles of ordering ("highest common factors") in terms of which patterns of and for and about behavior in very varied areas of culture content are reducible to parsimonious generalization [Kroeber & Kluckhohn, 1952, p. 375].

Thus, the challenge of guidance is to create the correct balance between the necessary conforming pressures of socialization and cultural patterning that lead to the similarities between individuals in a given culture, conceptualized as configurational, basic, or modal personality, and the equally necessary striving for a measure of creativity, uniqueness, and self-actualization.

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CULTURAL BARRIERS IN THE COUNSELING RELATIONSHIP

Clemmont E. Vontress

During the last decade, the terms culturally deprived, educationally deprived, socially deprived, underprivileged, and disadvantaged have become common-place, and are used primarily to refer to population segments beset by educational and economic disability. Although these concepts have found their way into middle-class vernacular, there is little evidence that agencies and institutions have done anything significant to improve the conditions of those people whom the concepts denote or to eradicate the root causes of their problems.

Undoubtedly, one of the reasons for the lack of breakthrough in the first place is the misnomer. The current and sometimes offensive designations suggest that large pockets of the American population are somehow devoid of or lacking in culture. Nothing could be further from the truth.

Culture as generally defined by anthropologists, consists of the traditional patterns of action, speech, belief, and feelings which each group of people has developed historically as its way of meeting the persistent tasks of life (Frank, 1948). It is what a people's forebearers have been taught, have confirmed or modified on the basis of their own experiences, and have passed on to future generations (Mowrer, 1954).

In complex societies made up of people whose ancestors come from many lands, one does not find a single homogeneous culture but rather a multitude of ethnic, regional, and racial subcultures with which individuals identify and from which they derive many distinctive values and norms (Broom & Selznick, 1963). While there is a standard culture--language, dress, mode of transportation and the like--there is enormous variety within that umbrella culture (Yinger, 1960).

The extent to which subgroups within the total culture are separated from the dominant culture is the extent to which they act and perceive differently, and come to terms with their environment differently. In the American society four groups constitute cultural islands: the American Indians, certain Spanish-heritage groups, Appalachian whites, and the American Negro. Their exclusion from social and economic participation in the standard American culture has led many middle-class observers to conclude that they are indeed deprived of culture.

Such a conclusion smacks of cultural snobbery, for disadvantage is a relative concept. That is, if an individual is taken from one

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environment and placed in a totally different setting, he will be disadvantaged. When the ghetto individual is placed in a middle-class environment and expected to behave and think like the inhabitants of that environment, he indeed will be at a disadvantage. The same thing applies if a middle-class person is placed in the slums and is expected to "make it." He, too, will be disadvantaged, for the demands and expectations of the ghetto will generally be foreign to him.

It should be clear that everyone except a newborn baby has culture and is, to some degree, "cultured" (Sutherland, Woodward, & Maxwell, 1956). The problem is not that certain population segments are without culture: rather, it seems to be that the powerful dominant cultural group rejects subcultural groups in society. By their rejection, they convey the notion that those unlike themselves are inferior, deprived, or disadvantaged. A more desirable approach in relating to cultural minorities would be to recognize and appreciate their differences. Many problems which loom ominously over this country would not exist if dominant group members could learn to relate to people in such a way. There is an urgent need to dispense with the currently used appellations and refer to various cultural groups in society simply as culturally different, not disadvantaged, deprived, or underprivileged. If cultural minorities are underprivileged, it is because they have been excluded from the good life simply because they are different.

Black and White Americans In large measure, the culturally different are also the visibly different. For the American Negro, especially the lower-class Negro, race, color, previous servitude, poor education, low income, and nonstandard English interact to set up almost insurmountable barriers to his economic and social participation in society (Vontress, 1967). Of the variables named, color deals him the severest blow, for it serves to remind the majority group of his former slave status and *ipso factor* his "inferiority."

Negative attitudes toward blackness have become ingrained in American culture. "Black" as part of the American vocabulary means soiled, dirty, evil, wicked, and supernatural. Thus, Negroes with their black skins evoke horrible feelings in white people. Seeking to escape the black onslaught, they flee to suburbia, where they can live in an environment of whiteness, of purity, and of perceived safety, away from the black evil.

Polarization of racial attitudes in this country has increased in direct proportion to physical racial separatism. As the two races become more exclusive, their ways of perceiving, understanding, and relating to their environments also diverge. So today when blacks and whites are more separated physically and psychologically than ever before in the history of this country, whites ask themselves, "What do they--the black people--want?"

This simple question illustrates not only the racial gulf but also the resultant inability of the majority to understand the minority. What black people want cannot be bought with money. They want self-respect, dignity, their manhood; black people want what white people enjoy as a matter of course. All these things, black people have always wanted; they have always been denied them simply because they are black.

Understandably, they have decided to help themselves, if, indeed, they are to be helped at all, because for over 300 years their plaintive cries have fallen on deaf ears. It is no wonder that black people have decided that they must become consciously aware of their identity as a group in America; they must realize their degradation and strive individually and collectively to redeem their communities and regain their human dignity (see Essien-Udom, 1962).

Out of the Negro's search for racial pride and identity have evolved a "Black is Beautiful" rhetoric and a black ethos commonly called *soul*, the American counterpart of the black Frenchman's *negritude*, a concept implying brotherhood or common heritage among all black people. In America, soul carries with it an overriding acceptance of all that is Negro and a tacit rejection of everything non-Negro.

CULTURAL BARRIERS

Racial Attitudes Willy-nilly, counselors, as therapeutic agents, are caught up in the current whirlpool of racial attitudes in this country. As an interpersonal relationship, counseling demands that the professional establish rapport with his client before he can begin to apply his skills. This, then, is the most difficult area for the counselor, white or black. In the case of the former, the client's paranoid-like antipathy to all whites does not allow him to evaluate and react to white persons as individuals (Milner, 1953). Although the counselor may be imbued with empathy, positive regard, unconditionality of this regard, and congruence--the psychological ingredients about which Carl Rogers (1962) talks--he is, in spite of himself, rendered professionally impotent if the client rejects him on sight simply because of the fact that he is white.

On the other hand, the black counselor should not become smug, thinking that his blackness will automatically put him in good stead with the client. If the Negro counselee perceives the white counselor as the enemy, he may see the Negro authority figure as something far worse--the collaborator with the enemy (Gochros, 1966). This is not to suggest that he will always be perceived as such. In some cases, the black counselor may be accepted completely, simply because he is black; but if he is unable to assist the client with the problems he experiences, then his blackness will be of fleeting value. Thus, race and resultant attitudes are initial barriers in the counseling relationship.

Ignorance of the Client's Background Perhaps the greatest blockage in the relationship is the counselor's lack of understanding of the sociopsychological background of the client. Much of the misunderstanding, distortion and ignorance about the so-called disadvantaged client can be attributed to the paucity of contacts that middle-class personnel have with him (McMahon, 1964). The counselor, having grown up in, or having assimilated so completely the values of, the middle-class environment is deprived of an understanding of the culture and perceptions of those whom he would in some way assist. Admittedly, some counselors are more deprived than others, and perhaps the most deprived are those who do not realize they are deprived.

Language Barrier Inability to penetrate the language barrier of poor people renders middle-class professionals helpless to a great extent. Educated people, especially therapeutic personnel, communicate in abstractions and words that not only convey motivations, but that transmit, modify, and refine feelings as well. In fact counselors hardly consider their counseling interviews successful unless their clients verbalize their feelings fluently. Unfortunately, such fluency is rare with working-class people, most of whom communicate with great economy of language. Their speech is characterized by a reduction in modifiers, adjectives, and adverbs, especially those which qualify feelings (Bernstein, 1964).

Client's Unfamiliarity with Counseling Another significant barrier is the client's lack of familiarity with counseling. Middle-class people have had from infancy a continuing series of relationships with professionals and friends who assist them in some way: the doctor, lawyer, and certainly parents and siblings. These contacts are, in the main, verbalizing relationships. The roles of the assister and the assisted are clearly understood. With lower-class individuals, such roles are not as clear-cut and, therefore, structuring the counseling relationship is more important in counseling them.

Negro Self-Disclosure Reserve Hesitation to reveal oneself psychologically is another culturally produced blockage to effective counseling (Jourard, 1959). Self-disclosure is the most direct means by which one individual can make himself known to another. In the American culture, it appears that this phenomenon is directly related to how the individual has been treated in society. Individuals who have been treated harshly and have experienced hardships are reluctant to share their hurts with anyone, even their most intimate friends. This is especially true of Negroes who feel their minority status so deeply that they are unwilling to bare their feelings even to each other (English, 1957).

Consider four major groups: white females, white males, Negro females, and Negro males. The order in which they are mentioned is the order in which they enjoy the good life. It is also the order of their self-disclosure tendency (Jourard & Lasakow, 1958). That is, it is most easy to establish rapport with white females; next, with white males; then, Negro females; and most difficult with Negro males. In this connection, self-disclosure differences between white males and black females are hardly significant, probably because social and economic exclusion is directed mainly at black males, not females. This undoubtedly explains why Negro females have progressed much more rapidly in this society than black males. They have more education and income, and they experience greater acceptance by the total society than Negro men. Today, for example, about two thirds of all black students in college are female, just the opposite of the white population.

This fact is probably related to the progressive disintegration of the Negro family and the continued existence of the black matriarchy. The Negro male child must fend for himself and protect his masculine ego in any way possible, lest he be overcome by female patterns (Thompson, 1962). It is understandable that black boys desert the home as soon as possible and identify with street gangs so they can become "men." To them, manhood means independence, secretiveness, aggressiveness, and sexual prowess. To be a man means to renounce entirely the "female" principle in society. It means fear of women, scorn for middle-class standards, and hatred of authority. It also involves "cooling it," which is another way of saying, "Keep it to yourself."

Even so, the cool-it syndrome burns itself out with the encroachment of age. In the process, the effects of ego security operations are insidious and terribly damaging not only to self-esteem but to spontaneity, freedom of self-expression, and creativity as well. The Negro's productivity and generality are usually impaired seriously, and by middle-age, despair gives way to resignation and apathy. Much of his life is role-stereotyped, ritualistic, and minimally expressive of genuine feelings (Lief, 1962). Thus, in the counseling relationship, black fathers and mothers, especially older ones, appear to be extremely cooperative. Their passivity in relating to authority figures, white ones in particular, is a polite way of masking their hatred of the system. Their passivity also masks their hostility toward people who pretend to care, such as those who approach with frozen smiles and who cover up their indifference by trying to be "so nice."

In connection with this discussion of reserve in self-disclosure, it seems important to make some comments about regional differences. For example, it has been observed often that young Negroes reared in the North are overtly hostile or reserved in the counseling relationship. Having grown up under the illusion of freedom that grows out of the more impersonal atmosphere there and having been reared in all-black ghettoes in which they develop a separate life of their own, northern-born Negroes are more apt to "tell it like it is" than southern-born blacks. Having realized that freedom is an illusion they are more hostile than southern Negroes who have yet to make it to the North and be disillusioned.

This is not to suggest that southernborn Negroes are not hostile. They are, but throughout their history in that region they have learned to conceal their hostility. Thus, in the counseling interview, antagonism is often masked by an overwhelming passivity, a willingness to do "whatever you say."

Certainly reserve in self-disclosure is a significant cultural barrier in counseling black clients. It is a greater blockage in group counseling than in the counseling dyad. The extent to which this is true depends in part on the sexual composition of the group. Black females are usually more willing to talk about themselves than males are, whether in a counseling dyad or a group. When the counseling group contains both males and females, males are often more reserved than they are in all-male groups.

Sex and Race Taboo A cultural barrier which is seldom mentioned (probably because it is imbedded so deeply in the unconscious of the American psyche that most people would rather not talk about it) is sex and race. The counseling dyad may consist of several different combinations of both factors. It may consist of a black male and a black male, a white male and a white male, a black female and a black female, a white male and a white female, and so on.

The combination which is fraught with the most anxiety in the American culture is the white female-black male dyad, especially if the male is between the ages of 16 and 30, tacitly known as the sexually dangerous period. Thus, many white female counselors are beset with anxiety when they relate to a black male client in the counseling office. The more the client represents the stereotype of the big, black, biological male, the more the counselor's anxiety is apt to increase. If this should be the case, the counselor is not entirely responsible, for, as a product of her culture, she is reacting in a natural way. It is a culture in which white men continue to ask the perennial question: Would you want your daughter to marry a Negro? But it is a culture in which there is little talk about someone's son marrying a black woman--a relationship far more likely to occur than the former, legally or illegally (J. S. Rogers, 1944).

Recently, a group of white female counselors in the Washington, D.C., area admitted that they felt anxious about relating to black males. One admitted that her anxiety subsided when she got married. Another indicated that she used to feel anxious around young Negro males, but she doesn't anymore--now that she is middle-aged. The same counselors said that they felt quite comfortable relating to white males and Negro females. Such revelations seem to indicate that Negrophobia is so deeply ingrained in the American psyche that it crops up where least expected, even in counseling.

There are several other cultural barriers in the counseling relationship. For example, age differences could be cited: how older clients react to young counselors and vice versa. Regional accents often put clients on guard. Outside the former Confederate states, black clients are especially suspicious of white counselors with southern accents. One might also discuss how the formal atmosphere of the school constitutes a barrier for many lower-class people, both black and white.

Conclusions This analysis of counseling barriers is somewhat superficial, since the impediments discussed are reflective of the historically unique relationship which developed between blacks and whites in this country. The relationship caused each race to perceive the other with distortion and ambivalence. Today, the master-servant aspect remains to haunt counselors, causing them to be at a disadvantage in relating to many black clients.

Unique in-service and pre-service training should be provided counselors if cultural barriers are to be bridged. In-service training should allow counselors an opportunity to look at themselves and analyze their attitudes, feelings, and perceptions of people who are different. Counselors should leave the sheltered environment of the buildings in which they work in shirt and tie; they should go into the teeming communities where black people live. They should visit churches, pool halls, bars, and hangouts in those neighborhoods; and then they should return to their offices to reflect on what they have seen and how they felt. By exposing themselves to the total culture of their clients, counselors will hopefully be more able to empathize with individuals whom they usually see out of cultural context.

In view of the cultural barriers discussed, it also seems tenable to suggest that counselor education programs be examined for relevance. Indeed, counselors in training must have an undergirding in the behavioral sciences, but what is perhaps far more important, they must be provided with experiences in coming to grips with themselves, in exploring their feelings about and perceptions of the culturally different. Counselor trainees must be exposed to subcultures in society. This would suggest that they live and work in the ghetto as a part of their training, and that they learn to communicate with ghetto residents by talking to them. It might also suggest that representatives of indigent communities be employed by the training institutions to help counselors relate to the culturally different, not just in a counseling dyad but in a one-to-one human relationship.

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ZEN BUDDHISM, GENERAL PSYCHOLOGY, AND COUNSELING PSYCHOLOGY

Emanuel M. Berger

American psychologists have recently begun to show an interest in Zen Buddhism. A check of the *Psychological Abstracts* between 1938 and 1958 shows only one reference to Zen (Benoit, 1955) whereas there are four such references in 1959. In 1958 and 1959 there were articles concerning Zen by a number of American writers in *Psychologia*, a Japanese-edited journal of psychology. Two of these articles were by American psychologists (Van Dusen, 1958; Bruner, 1959). To the knowledge of the writer, the only piece on Zen to appear in any journal that is widely read by American psychologists has been a brief editorial (Thorne, 1960).

Writers associated with psychoanalytic or neo-analytic thought, and generally European in background, have shown a special interest in Zen (Horney, 1945; Jung, 1949). More recently, Erich Fromm contributed a paper on Zen and psychoanalysis to a book (Fromm, Suzuki, DeMartino, (1960).

Zen is a form of Buddhism that began in India, was introduced into China around the first century A.D., and was transmitted to Japan by the twelfth century. Zen thought is a blend of Indian Buddhism, Chinese Taoism, and Japanese Zen Buddhism. The recent development of Zen Buddhism has been greatest in Japan where Zen has influenced many aspects of the life of the people--painting, ceramics, architecture, gardening, archery, swordsmanship, and the language and thought of the people. A recently revised book (Suzuki, 1959) describes ways in which Zen has influenced Japanese culture.

Zen seeks to attain a new way of perceiving the world, of intuitively and directly experiencing reality. The achievement of this viewpoint is called *satori*, meaning enlightenment. *Satori* is a state which is apparently very difficult to attain--and about which there is still disagreement as to what the state is or how one attains it. It is characterized however, by a clear awareness of and openness to reality.

This paper describes those Zen concepts which seem most relevant to general psychology and to counseling psychology. Thus it will focus on such concepts rather than any special concern with *satori* or a general exposition of Zen Buddhism. For the reader who wishes a more comprehensive account of the history and concepts of Zen, several works are suggested: (Humphreys, 1949; Suzuki, 1934, 1949; Watts, 1957).

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Obstacles to Fuller Awareness of Experience In Zen, anything that interferes with the freedom of the individual experience is abhorred. Dualistic reasoning, subject-object duality, and attachment to form are all considered to hinder a free experiencing of reality by their constricting effects on awareness and openness to experience.

Dualistic Thought Following Suzuki (1934) duality of reasoning takes the traditional Aristotelian form of: A = A; anything is either A or non-A; something cannot be both A and non-A; and it is this duality that Zen denies. For example, what we call a "stick" need not be experienced exclusively as the name we give it but may be in our experience a huge diversity of things all "non-stick," depending on the many ways we may use it or relate to it or perceive it in relation to something else. Potentially, the "stick" may even be something for which we have no name.

The non-duality point of view objects to the tendency to confuse our abstractions of the world with reality--to ignore the potential of objects, nature, or people for being something other than our abstractions of them as represented in the words or concepts we use to describe them.

It may be seen here that Zen anticipated semantics in what it has to say about non-duality. The pioneer work on semantics as such (Korzybki, 1941) is a refutation of Aristotelian modes of thought and suggests ways of avoiding the confusion of abstraction with reality.

Subject-Object Relations A more particular duality that Zen opposes is that of subject-object, or self-external world. In a recent elaboration on this topic (Fromm, 1960), the duality of subject and object is considered to be based on the development of language and the concept of the self. Gradually the child becomes aware of himself as "I" and the rest of the world as everything other than himself. He is the subject, everything else is object. Language is used to refer to everything outside himself, and thereby objectifies everything that is "not-self" by giving it names and classifications. Zen says that this duality is not real, that both the self and non-self are part of the totality of the individual's experience. The self is not an entity separate from our experiencing, but a part of that experiencing.

Where the subject-object dichotomy is not assumed in our way of thinking, instead of thinking about the object in words or concepts, there is a mutual relation between subject and object. The subject "creates" the object in the sense that he experiences it in his own individual way, apart from names and conceptions about it, just as many poets and artists allow their imaginations to "create" something new and different in their response to ordinary objects. The object "creates" the subject in the sense that the subject is open to experiencing the object, to being affected by it. It is a two-way, mutual relationship, rather than a one-way one.

Thus Zen anticipated the modern concern of existentialism (May, 1960) with the subject-object split. The "split" refers to the barrier to experiencing the other person as a human being when the scientist-subject relates to man as an object to be studied and abstracted about, rather than related to and experienced as a total human being.

Attachment to Form The teachings of Huang-Po, a ninth century Zen master (Blofeld, 1958) emphasize the necessity of ridding ourselves of attachment to form. Huang-Po also warns against conceptual thought, ideas of good and evil, or following various practices in order to attain enlightenment. Any "form" which limits and obstructs experience by saying what is good and bad or what we should practice or what reality is in words or concepts, may also be considered as a kind of dualistic thought. All such "forms" leave out the possibility of reality and experience being something different in addition to what they represent, "non-A as well as A." In the words of Huang-Po, "Mind is like the void, in that it is without bounds or obstructions." "Mind" in Huang-Po's usage, means one's original nature or true self, as it is before experience has been limited or obstructed by the various kinds of dualistic thought.

No-thought The Zen answer to the forms of dualistic thought which are seen as obstacles to fuller awareness of reality, is called "no-thought." No-thought is a process in which we allow the mind to function on its own, free of thought about the environment, free of any object of consciousness, free of ideas of good and bad, free of established forms and practices. Thus, "no-thought" would short-cut the intermediate effect of such thoughts on behavior. Behavior would follow more directly from a spontaneous functioning of the organism. An assumption here is that our "orginal nature," the mind thus freed, is capable of marvelous functions.

For a fuller exposition of how "no-thought" avoids dualistic thought, the reader is referred to Suzuki (1949[b] and Watts (1957).

In the major modern interpretation of "no-thought" Suzuki quotes Hui-Neng, an eighth century Zen master: "The main point is not to think of things good and bad and thereby be restricted, but to let the mind move on as it is in itself and perform its inexhaustible functions." Te-Shan, another somewhat later Zen master, is quoted in the same work: "See to it that you have nothing disquieting in your mind and be unconscious about your affairs. Then there will be emptiness which functions mysteriously, vacuity which works wonders." "Emptiness" here refers to the absence of the restrictions imposed on one's experience by the various forms of dualistic thought.

Variations on "No-thought" Two writers on Zen Buddhism, Watts and Suzuki, have developed interpretations of "no-thought" which as far as the writer can determine, do not completely and directly follow from records of what Zen masters have said. Nevertheless these interpretations seem to have a high potential value for psychology and therefore to deserve to be considered on their own.

Watts In this interpretation (Watts, 1957), "no-thought" refers to "Action on any level, physical or psychic, without trying at the same moment to observe and check the action from outside one's self."

This means going ahead without stopping, without deliberating between alternatives, without blocking--but rather trusting the mind to act on its own. An important assumption here is that the human organism is capable of very complex activity on its own, spontaneously, and that we should trust it.

Watts says further that Zen is not against thought, but rather against thinking about one's thinking at the same time one is trying to think, in order to evaluate, criticize, and control one's thinking from outside oneself, so that we may be more perfect in some way. A Zen quotation says the same thing about the functioning of the mind in a more poetic manner:

> "Like a sword that cuts, but cannot cut itself
> Like an eye that sees, but cannot see itself."

Suzuki In a recent lecture, Suzuki (1960) speaks of becoming "Conscious of the unconscious," and says that a special training is required on the part of the consciousness. The unconscious of a mature man, in his definition, incorporates all the conscious experiences he has gone through since infancy and these constitute his whole being. Thus training in basic techniques of a skill such as swordsmanship becomes part of the unconscious. Action left to the unconscious is "no-thought" in the realm of physical skill. Elaborating on this, Suzuki says: "When the swordsman stands against his opponent, he is not to think of his opponent or of himself, nor of his enemy's sword movements. He must stand there with his sword which forgetful of all technique, is ready only to follow the dictates of the unconscious."

The Psychological Relevance of Zen - Creativity - A recent publication of the Carnegie Corporation (1961) summarizes some results of studies on creativity directed by Donald W. MacKinnon at the Institute for Personality Assessment (IPAR). One general finding is that "creative people are more open to experience within and without." This corresponds to a major objective of Zen, freeing the individual from those obstacles which hinder a fuller awareness of the self and the world.

The Zen concept of non-duality points up the possibility of reality being something other than the words and concepts we use to describe it-- and the Zen idea of "no-thought" emphasizes trusting our minds to work on their own, intuitively. These concepts parallel IPAR findings that "highly creative people in all fields are overwhelmingly intuitive." "Intuitive" means in their definition an "indirect perception of the deeper meanings and possibilities inherent in things" and involved focusing habitually on possibilities. Also the creative person is found to be nonconformist in ideas and this corresponds to Zen's admonishment not to be attached to form, but to trust one's own experience and intuition.

"No-thought" as interpreted by Watts means allowing the mind to operate on its own without attempting at the same time to observe, check and control our thinking in order to achieve some intended effect. Another way of looking at this is to say that the mind can operate in thinking, but it cannot operate effectively if at the same time it tries to make itself its own object, to be controlled and made to get certain results. If creativity in research is spontaneous, comes of itself, it then follows that creativity cannot be the result of will and intention. This corresponds well with reports of scientists who emphasize the intuitive nature of creative insights. The insight "came" to them and at a time when they were not struggling for it intentionally.

This interpretation of "no-thought" agrees with some findings of Morris I. Stein (1961) in his studies of research chemists. The creative chemist is more likely to "play" with things and ideas; to allow all kinds of ideas and feelings to enter his mind. Also, he is not so likely to try to force or pull out a solution as opposed to less creative workers who seem to try to achieve quickly and to achieve a synthesis earlier.

Physical Skill The interpretation of "no-thought" by Suzuki is relevant for all kinds of physical skills. This means that having been trained in basic techniques, the swordsman, archer, or athlete then allows his organism to respond to whatever occurs in the contest, without thought of technique, without intellection.

Thus the batter in baseball responds intuitively with a swing for a home run or slices to an opposite field as the conditions permit, instead of intending to "murder the ball" no matter what the pitcher throws. The essence of this idea is that the performer acts with a minimum of self-consciousness, trusting his accumulation of technique and experience to guide his actions.

Zen and Counseling Psychology. *Counseling Relationship and Techinique* What has been said generally about non-duality, the subject-object relation and "no-thought" may all be applied specifically to the counseling relationship.

Then the concept of non-duality implies that we do not mistake descriptions, diagnoses, or test results, or any other abstractions about him, for the total reality of the counselee as a person. We are then open to his possibility for being in a vast variety of ways that are other than the abstractions we use to describe or think about him. The concept of ambivalence exemplifies the possibility of a counselee being both "A and non-A" at the same time, both loving and hating a particular person. What has been said about the application of the subject-object relation, implies for counseling a mutual, person-to-person, relationship in which roles are forgotten, in which each responds to and influences the other. Opposed would be a relationship in which the counselor is largely the subject-studying, analyzing, diagnosing, intellectualizing about the counselee as object. To the extent that the counselor is detached and analytical of the counselee, he is also not able to be open to experiencing and responding to the counselee as a person.

The foregoing considerations seem quite similar to existentialist views concerning relationship (May 1959) and what Rogers (1955) has said concerning treating the client as object.

The application of "no-thought" to the counseling relationship would mean that the counselor allows his total organism to act on its own, to experience and respond and to act without any attempt to achieve any special effect, without standing outside the relation and viewing either the client or self or the relationship objectively for the purpose of analyzing, manipulating, or evaluating what is being done. This corresponds to what Rogers (1955) has been saying about "trusting one's organism" in the therapeutic relation: "I let myself go into the immediacy of the relationship where it is my total organism which takes over and is sensitive to the relationship, not simply my consciousness."

Another way of looking at the application of "no-thought" to the counseling relationship might be to describe it as a continuum of "no-technique." To the extent that one applies techinique to the relationship he must objectify it and intellectualize about it in order to apply principle to it and in so doing departs from "no-thought" and "trusting one's organism" in the relationship, and then probably loses the person-to-person quality of the relationship. Interpretations to the counselee may necessarily required viewing him objectively. In another sense, they may have a "no-thought" character in that they arise in the counselor, "come" to him with little or no intellectualization or thought about principle, but rather from an accumulation of insights about people which may function as a "trained unconscious."

For the purpose of a maximally open person-to-person experience, we might want to "live" the relationship maximally by way of "no-technique" most of the counseling hour, and reserve intellectualizing about it for another time. It may be that for various reasons, we could never expect to lose ourselves completely in a "no-technique" relation. There would be other questions as to the effectiveness of maximum "no-technique" alone or whether some combinations of "no-technique" with technique and interpretation might not be more effective under certain conditions.

Of course any self-conscious attempt to apply "no-technique" would probably be self-defeating, since the very naturalness and spontaneity of "no-technique" could be destroyed by intention and self-consciousness. "No-technique" is essentially experiential and nonself-conscious.

It might be appropriate here to say that recent personal experience in counseling gives a hint of a certain mutual transcendence of self when the relationship is nonintellectual and intuitive. Then it seems as if each stimulates the other so that each intuitively discovers and expresses insights that had occurred to neither person previously.

Counseling Training It may be fairly common in the experience of those who have supervised practicum training to find beginning counselors frequently having difficulty in being natural and relaxed in the counseling relationship. They are not open to and responsive to the counselee as a person. They are preoccupied with intellectual considerations as to how they should operate as a counselor--what the book says--or what some respected "expert" says.

When the counselor comes to trust himself to respond appropriately to the counselee, without feeling that he must depend on "principles" and other external factors, without an intervening intellectual process but intuitively, then he will be able to operate without self-consciousness, spontaneously, naturally, with increased openness to the whole experience.

This is not to imply that spontaneity and naturalness are sufficient for counselor effectiveness. This where Suzuki's version of "no-thought" as the "trained unconscious" comes in. It implies that a counselor should be well trained in counseling, research, and psychological principles but that at some point thereafter he must begin to trust himself to some extent to operate without conscious thought of these things, on the assumption that such accumulated knowledge has become part of his "trained unconscious."

Counseling Problems Watt's (1958) discussion of kuan and the sexual relation suggests a hypothesis concerning problems of sexual adjustment. Kuan means "wordless contemplation" an open, receptive, nonstraining attitude. It also implies trusting the sexual organs to respond appropriately. It corresponds to "no-thought" in representing the absence of any attempt of the mind to split itself, as when it attempts both to act and evaluate its actions simultaneously. This would be "grasping" at experience, attempting to take hold of an experience that can only arise spontaneously and therefore cannot be grasped by intention to do so.

It seems likely that many problems of sexual adjustment are of this very sort. One or both partners, lacking confidence in his own or his partner's sexual capacity, or for other reasons, grasps at sexual satisfaction. The satisfaction of the grasping person is minimal compared to what is potential in a mutually satisfying relationship.

The writer has had some limited experience in the application of "no-thought" to counseling problems. In one case, the client was a graduate student who had failed Ph.D. orals twice, blocking, thinking but saying little. Interviews suggested that he was searching for a more complete and accurate formulation before saying anything, rather than simply allow-his thoughts to flow and saying what he thought even though incomplete and imperfect. It would be easy to oversimplify the case since there were other factors in it. However, he did pass his next attempt at the orals following counseling and a marked change in his behavior was reported by his advisor.

Another client blocked in writing themes. She reported considerable improvement after it was suggested that she elaborate on her thoughts at one time and attempt to get better organization and continuity at another, rather than trying to do both at the same time as she had been doing.

The concept of "no-thought" would be relevant to any problem in which there was a strong element of self-consciousness as opposed to spontaneity and trusting oneself to operate effectively without the necessity of attempting a strict control over what one does. It may be that certain problems of extreme self-consciousness have such long-developed affective components that the application of "no-thought" alone could not be expected to achieve any substantial improvements. We probably need to learn under what conditions the application of the "no-thought" concepts can be helpful in various problems in which self-consciousness is an important factor.

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THE COUNSELLING PROCESS AND ITS CULTURAL SETTING

Alan L. Grey

One characteristic shared by all contemporary schools of counselling and guidance has been all too infrequently discussed. It is that, in their present form, these systems and their underlying ideas have been developed in that culture milieu generally called "the West," stretching from the Danube westward. Among the countries particularly influential have been Austria with its psychoanalytic contribution. France and Switzerland with important testing techniques, and currently most conspicuous are the English-speaking nations, notably the United States.

Insofar as this branch of applied psychology is based on what is true of the human condition everywhere, it has utility everywhere. But to the extent that it inadvertently reflects personality types and social institutions peculiar to a certain part of the world, our contemporary counselling discipline poses certain particular hazards for the specialist working outside those geographic boundaries. One purpose of this paper is to call attention to some of the difficulties likely to be encountered. Another is to indicate possible departures from current Western practices which may have value in the East. Admittedly these observations and suggestions are severely limited by the paucity of available knowledge on this topic. Therefore the primary purpose of this kind of an effort, at this time, must be to urge the necessity for Oriental experts to break away from conventional procedures where they do not fit, and to engage in free experimentation and research. By increasing our knowledge of how the counselling function is related to its social setting, this kind of enterprise has much to contribute not only to Oriental guidance but to that of the Occident as well.

American psychologists already are quite concerned about this problem of cultural factors in clinical practice. There is a growing scientific literature about such matters. It includes studies of the epidemiology of psychiatric disorders (3), the availability of treatment services to different social groups (4), the effect of social class values of the psychologist on his professional judgment (10), subcultural variations in personality and family patterns (6), social processes in the mental hospital (1), and so forth. These cultural studies of psychological practice are essentially confined, however, within the boundaries of a single culture. That is not to say that cross-cultural studies are rare. It is rather that few cross-cultural investigations have been concerned with clinical or guidance practices, as are the intra-cultural

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investigations just cited. Despite the many anthropological analyses of customs, beliefs, values, personality and so forth, very little attention has been paid in print to the specific issue of how to adapt modern Occidental counselling and psychotherapy to Eastern settings or vice versa.

It is pertinent to note, however, certain recent work in a related area. Several comparisons have been drawn between earlier Oriental religious training for spiritual development and current Euro-American treatment methods. Notably, there is the volume by E. Fromm and D. T. Suzuki called *Zen Buddhism and Psychoanalysis* (2), and another by Alan Watts entitled *Psychotherapy East and West* (12). But these works still do not focus on the particular task that concerns us here, namely, the development of secular counselling processes rationally adapted to the cultural setting. Closer to that objective, in the diagnostic area, is the recent thoughtful work of Gardner Lindzey called *Projective Techniques and Cross-Cultural Research* (5). It considers the extent to which Western projective devices like the Rorschach test and T.A.T., with their interpretive procedures based on Euro-American experience have been useful in providing information about people of other cultures. Perhaps one of the most relevant of all is the volume edited by Marvin Opler on *Culture and Mental Health* (7). This collection of papers uses a variety of approaches varying from anthropology and psychoanalysis to public health statistics to explore the effects of cultural stress on mental health. In short, there have been cultural studies of psychological problems, and cross-cultural studies of personality, but we are only at the beginning of culturally-relevant investigation of "how to help." Few guidelines have emerged and even sharply-focused research questions are yet to be formulated.

We do know enough to make the following prediction. If an applied psychologist in, say, India were provided with the necessary resources and personnel, he could not take over the modus operandi of a typical American counselling center and make it work equally well in his own country. Considering the complexity of the task of adaptation facing that psychologist, the task to which this paper is addressed, it would be the height of temerity to prescribe solutions. To complicate matters further, we are about to consider not India alone, but all of that geographically vast and culturally heterogenerous area called "the East." Some delimitation of the problem is very much in order. Let us concern ourselves only with counselling operations in an educational setting or more particularly at a college or university. Let us further specify that the hypothetical university is in an economically underdeveloped nation, in contrast to the heavily industrialized West. It is a locale with rich and longstanding traditions of its own, in which family ties hold students more closely to their parents and other kin than is true in a country like the United States. On the other hand, status distinctions and other formalities here separate students more sharply from faculty and other authorities than is typically the case on an American campus.

The pioneer guidance expert who has just been appointed to this institution is dealing with a community that does not feel an active need for him and does not even have a very clear idea of what he can and cannot do. His presence is more the result of the decision of a few high level authorities than of any popular demand. Many of the problems this courageous person is likely to encounter cannot be anticipated nor is a very specific answer available even for those which can be identified. Confining ourselves to one of the more obvious issues which arises at the outset, what kinds of services should this man be prepared to offer?

The classic image of the university counsellor is that of an expert who operates primarily via dyadic relationships; that is, one counsellor devoting himself to one client at a time. The purpose is to resolve difficulties in the client's life and often an important part of the task is to reassess the problem as presented so that it may be identified more accurately. Thus the complaint "I cannot study" may prove to mean "I feel very lonely" or "I have never learned effective study habits" or "I really am not capable of the program my father wants me to take" or some other trouble or combination of them. To locate the problem more precisely, and a useful solution to it, the counsellor may become involved in diagnostic testing, offering information and advice, exploring intimate aspects of the client's experience.

Currently in the United States there is an increasing tendency for the counsellor to concentrate on emotional and interpersonal aspects of the student's problems and to use other agencies for other facets of the problem. Testing, for instance, may not be very urgent at the university level because of the completeness of school records, (which may even include information about prior testing) and because of the general consistency of school standards. Usually it is entirely practical to suggest that the student consult other specialists for specific "practical" assistance. There is an employment adviser or university scholarship officer for financial help, a remedial reading class for study aids, and so forth. One of the best known examples of this trend toward concentration on the emotional problem is Carl Rogers's "client-centered" approach (9) which, as a matter of basic philosophy rather than expediency, teaches the counsellor to be concerned with the student's "self-concept" rather than with diagnostic tests, and to adopt a neutral role which requires the student to undertake active responsibility for his own decisions and for obtaining any needed information or outside services. It is consistent with the Western conception of mental health as based on the capacity to function independently. It is also consistent with certain unconsciously assumed cultural conditions. These include a socio-economic system abounding in specialized service agencies to supplement the counsellor, and one that offers considerable freedom of choice for both sexes in such matters as vocation, marriage arrangements and other personal affiliations. Not the least consideration is the relative availability to students of jobs and other independent sources of income while in school. Under such circumstances it is entirely realistic to conceive of many problems as capable of resolution by individual effort, albeit that the notion may be overworked at times.

But how does such a guidance philosophy apply to what anthropologists term a "traditional culture"? By comparison these older societies offer fewer personal choices. Conduct is defined more sharply by family and other authorities, and by limited economic opportunity. Specialized services to complement counselling are scarce and often difficult to obtain without the aid of the guidance person or another "official" authority. Even the facts about how the student functions are more obscure. School grades, for example, are frequently ambiguous measures of capacity since they reflect widely differing standards in different schools, or the pressures of family influence. The client's self-reports tend to be more pervasively repressed behind kinship loyalties and other cultural imperatives. The newer Western counselling philosophy may encourage the expert to neglect useful services such as careful diagnostic fact gathering, active implementation of referrals, direct intervention with school or family authorities. Moreover, if successful, it encourages the student to desire and expect a latitude of choice unrealistic in his circumstances. He is likely to encounter massive resistance no further away than the lecture halls and living quarters of the university itself, if it resembles the institution hypothesized for this paper, where faculty-student relations reflect an older and hierarchical pattern. Most of his professors are not merely suspicious about the value of guidance services. Whatever they may profess, their customary behavior is inclined to be antithetical to the philosophy implicit in Western "guidance." It is unconcerned with the psychological aspects of the teaching process, distant from pupils as individuals. Impatient with any serious attempts to challenge them. It is an approach geared to other goals and other times.

How likely is it that a counselling technique will be successful if it requires from the outset that the counsellor and client play roles sharply divergent from the client's entire previous social experience? This problem is inherent to some extent in treatment approaches in all cultures, particularly when their aim is to modify characteristic patterns of behaviour, when they require clients to express forbidden thoughts, etc. The difficulties can be resolved if the degree of divergence required is graded to the current capacities of the client. (It is also true, however, that intensive psychotherapy aimed at modifying previous response patterns is a notoriously long-term affair). Stated briefly our hypothesis is that to be effective the counselling approach must take into account not only external cultural realities but also the inner psycho-cultural orientation of the clients to whom it is addressed. Its demands must not exceed the limit imposed by these factors. Essentially this is the idea of "meeting the client where he is." Not a new notion. It simply is stated in a fashoin that points up consideration of the cultural dimensions.

Diadic characterological therapies of the West usually focus on clarifying the client's difficulties without assuming responsibility for advice or decisions. Some have a wide attraction based on their relative technical simplicity and appeal to the democratic sentiments. The client-centered approach is cited here because it is so clear-cut an example of those very qualities, but the intention is not to single out a particular "school" so much as to use it as a reference point for a general Western tendency. It is our impression that these therapies prevail in the Occident as an outgrowth of experience with certain personality types much more frequently found there than in the East. Such methods do not meet the typical Eastern student "where he is." Even in the West there are many who question it and recommend departures (e.g. 11). In the East it seems appropriate for these departures to be more radical in most cases.

Take the young Asian collegian whose life experience repeatedly has trained him to rely on the collective wisdom of family and tradition, on the judgment of his seniors. He has deeply ingrained expectations about all authories and the counsellor automatically is included within the stereotype. He has been taught to regard deference and obedience to these authorities as among the highest virtues. Inevitably, he also has underlying dissatisfactions, questions, rebelliousness. Sometimes these impulses may come to the surface when he is reinforced by the presence of allies; but usually it is profoundly difficult for him to assert himself, alone and face to face with the superior from whom he is seeking help. If he has decided to see the advisor, very often he is impelled by unexpressed hopes that his powerful person can produce magical or effortless solutions or, at the minimum, intervene with other powerful people in his behalf. Active collaboration in the counselling effort is far from his thoughts.

Observing the client's passivity, a Western-style therapist sooner or later might say something like. "You seem to want a sage to appear and solve your problems for you." An American client despite his own dependent needs, will have been exposed to cultural indoctrination against this orientation. Most of the time, he will find the characterization unpleasant and, either denying it or embarrassedly recognizing its aptness, will feel at least a momentary impulse to become more active in his own behalf. His Oriental counterpart, assuming that he has been raised in traditional reverence for the wise and paternal teacher, will regard this statement of the counsellor with puzzlement. Does it not make sense to submit one's self to the guidance of a wise man? Why else come for counselling? Should he become convinced that the advisor will not meet his expectation, he is more likely to feel he has been rejected and to terminate the relationship than to undertake a re-evaluation of his culturally reinforced set.

Aware of the magical expectations of his prospective clients, a counsellor may be able to cushion their disappointment by presenting a realistic picture of the process in advance. Talks and widely distributed literature can convey to people that the unavailability of certain kinds of help is not a personal act of discrimination against them, but an impersonal condition of the service. Usually it is more convincing to learn this before the counsellor has even met you. For those who cannot accept these accurately described limitations even intellectually, the literature acts as a kind of screening device, which may or may not be desired.

Obviously, something more than good descriptive literature is needed to adapt the counselling process to the circumstances of the East. It may be appropriate to concentrate on a type of situational guidance as more meaningful, usable by the client. The term refers here to a process in which the counsellor takes a benevolent and active part in helping one to assess some specific troublesome situation and guides him to effective action about it. He is not concerned as in characterological therapy, primarily with modifying the client's "inappropriate response systems" towards Western standards of independence. Situational clients are expected to be able to continue to function without character change if given specific assistance through a particularly difficult circumstance, be it an educational or vocational decision, a tutoring need, or a family crisis. A counsellor sensitive to the distinction between situational and characterological issues will also realize that the two emphases frequently merge. He may be able to arrive at a balance between them which best suits his circumstances and the particular client, bearing in mind that, as a prime focus, characterological reorganization is an ambitious goal. Usually this intensive kind of treatment is an impractical undertaking within the framework of a university service because of the amount of time it requires.

In fact, individual counselling of all varieties is a relatively time-consuming business. Where many other matters call for the advisor's consideration, where conditions at the institution are such that emotionally sound students need help too, it is a questionable luxury for him to specialize in individual contacts with a few severely disturbed clients. Healthy students have troubles, too, which may merit substantial assistance at times and yet not be brought to the counsellor's attention because they are prevalent and taken for granted. The new boy's first extended separation from home, a scarcity of facilities for social activities, neglected conditions in the living quarters, are common problems which can become progressively more disruptive if ignored. Since these are shared problems, it becomes feasible to work them out with groups of students, and thus to see more people in a given amount of time. There is reason to believe that group techniques are preferable for many purposes in the East as basically more effective and not simply for economy. Insofar as deference is deeply ingrained, it has been observed that the student finds the presence of a group of compeers helpful in acting more freely and frankly with the counsellor-authority. Moreover, the presence of others may not have the constraining effect that derives in Western culture from its emphasis on privacy.

The reader expert in counselling probably will have understood the above references to group techniques as denoting activities primarily focused on talking. Although the very term "counselling" implies talk, is there a valid reason why practice in the field must be confined to conventional understandings, whether or not they prove most effective in achieving the goals of the profession? Sometimes the most meaningful plan is for the guidance worker to deal with the external realities of the situation itself. This is particularly true where he cannot count on other facilities and specialists to be available to do so.

The organization of a work project to improve dormitory or recreational facilities may do more than a hundred disquisitions to convey the satisfactions of labor to students and to redefine their relationships with school authorities. It may also be a stepping stone toward the establishment of part-time student employment to relieve financial need. No attempt will be made here to enumerate the possible variety of student work activities. What is more meaningful in a particular place is best left to the ingenuity and judgment of the local guidance person. Particularly helpful, however, where that is lacking, is a campus newspaper. If it gives the student body a full and accurate picture of available facilities and important issues in their institution, if it allows its staff a responsible voice in policy, such an enterprise can contribute measurably to fuller participation in university life and preparation for the adult world.

A related line of milieu improvement might lead the counsellor to inform himself about university administrative procedures affecting the students. The purpose would be not only to understand better the realities of his clients' lives but also to suggest improvements in existing arrangements. He might simplify red tape, extend provisions for meaningful extra-curricular activities, devise ways to increase student self-government. It involves continuous contact with the administration and faculty to increase their awareness of young people's needs as a guide to policy and to the human aspects of teaching practices. While the need for good liaison is axiomatic to the trained counsellor, the axiom has extra force in places unfamiliar with his services. Here the counsellor must be particularly alert to the possibility that the professor does not understand when to call him in, how to explain his function to a troubled student or the way to make a referral. Here, informal visits to academic departments, the liberal use of explanatory pamphlets, participation in faculty as well as student affairs are particularly valuable.

In summary, the best answer to the question of what services to provide requires the guidance worker in Asia to venture beyond conventional notions of counselling, and to work toward a new definition of his role to suit different conditions. Any human approaches which effectively promote the development of increased initiative and responsibility in his clients are worthy of consideration. The list below is intended to suggest rather than exhaust the broad spectrum of activities which might become part of his repertoire.

Checklist of Student Services

I. Varieties of Individual Assistance

    A. Characterological or intensive psychotherapy

    B. Situational or advisory counselling

    C. Tutorial and remedial assistance

    D. Direct intervention to provide funds, quarters or other assistance

II. Group Activities with Students

    A. Lectures of orientation and information

    B. Small group discussions of participants' problems

    C. Recreational programs, student newspaper, etc.

    D. University community work projects

III. Collaboration with Faculty and Staff

    A. Orientation of faculty groups to guidance services and philosophy

    B. Consultation with administrators to improve procedures

    C. Consultation with individual faculty members about students

    D. Recruiting faculty members to participate in guidance program

IV. Preparation of Printed Informational Materials

Projects which take the counsellor outside of his office are beset by many obstacles. It could almost be formulated that the difficulty of the enterprise increases proportionately to the number of people involved, multiplied by an extra factor where these people are faculty members or administrators. Perhaps that accounts in part for the tendency of guidance people to concentrate on individual consultation and to dismiss proposals of this sort as interesting but impractical. And yet the principle of active participation has been widely recognized in other contexts as an effective stimulus to self-help. Witness the community service programs set up by Indian educators for their teachers-in-training, or by the U. S. Peace Corps. Some American colleges, on the Antioch and similar patterns, have experimented with variants of this idea. Even the field of mental health is cautiously approaching the notion of "milieu therapy." But the guidance movement tends to lag behind.

While some of these proposals may be inconvenient, unfortunately they cannot be accused of originality. All of them have been used with some degree of success in one place or another. Whatever new departure is reflected here is primarily a matter of emphasis -- of moving the primary focus of the guidance program away from intensive individual counselling to active participation with groups, with work projects, with the structure of the university community itself, and with experimental innovations. It has been argued that cultural conditions, financial considerations, and training available for counsellors all point in this direction.

A more fundamental objection than inconvenience, however, may be raised against this shift of focus. Sensitive readers may detect an aroma of benevolent authoritarianism under the label of "situational guidance" and may sense a reinforcement of group conformity in the various community activities suggested. Such a program, then, may not be preparing students for independent and responsible living but merely for adjustment to existing situations. Counselling for what? The question of goals is intrinsic to guidance work and nowhere more crucial than in moving from one culture to another. One may avoid thinking about the merits of his particular objectives but he cannot avoid favouring certain ones by his actions, if the work itself has any real effect on people. So it is just as well to consider the issue at this point.

We might defend benevolent authoritarianism and group conformity in several ways. The easiest approach would be to challenge the value words of Western counselling as ethnocentric -- terms like "autonomy" and "self-realization." Not a few social philosophers find shallowness in the current Western style of life, in its concern with material comforts and pleasures, its loose attitude toward kinship responsibilities, the general fluidity and impersonality of its urban ways. They question the meaningfulness of the kind of independence it actually offers.

Whether or not one admires the Occidental pattern, many of its characteristic values are integral to urban industrialization and represent accommodations to the rapid pace of socio-economic changes. To the extent that other parts of the world become industrially developed within a framework of political democracy, its people will find themselves forced into somewhat similar psychological postures by the similarity of the conditions they face. While the values of the East need never become identical with those of the West, both great culture areas will require responsible citizens capable of independent judgment and action. Our position, then, is that, because of anticipated cultural trends in the East, it is appropriate to help the client prepare for a life of greater autonomy. These program recommendations are made with that end in view and not to buttress authoritarianism or conformity. We do, however, confess to considerable skepticism about whether one can make a vast shift from traditional social forms to an urban industrial system simply by pretending that the desired conditions already exist.

To use the counselling methods of an industrial society under distinctly different conditions is to commit just such an absurdity. The plain fact is that conditions in Eastern universities are not the same as those in the West. Although our end goals may be similar in many respects, it does not follow that identical means will get us to those goals if we start from different places. Perhaps the temptation to cling to established techniques, under circumstances where they do not apply, should be labelled an "ethnocentrism of means."

It is unrealistic to focus all energies on encouraging "initiative" in the counselling chamber and to ignore the many remediable aspects of pedagogical and administrative practices which actively discourage it. Moreover, within the counselling relationship it is equally inappropriate to insist on a degree of initiative as a condition of help that is beyond what the client is capable of exercising at a given time. As certain writers have pointed out, "Any counsellor participation which is assimilated by the client to a set in which he perceives himself as ultimately responsible for initiative and evaluation" (8) is properly described as implementing those qualities, even if it sometimes requires direct support and advice, or if it involves activities outside the interview tradition.

The best answer to the question of what services to provide will require the guidance expert in the Orient to venture beyond conventional notions of treatment and to look toward new definitions of his function to suit existing conditions. As services are made available to a wider variety of groups in the Western world, and as they move to other societies, the culture-bound limitations of the familiar methods can be expected to become more apparent. It will be a difficult but very likely a profitable experience for all of us in the profession. The terms "counsellor" and "guidance worker" have been used interchangeably in this paper not only for stylistic convenience but also to underline the conviction that, for more effective results, old compartmentalizations need to be broken down and the concept of counselling extended to include more than a series of interviews. It must be concerned with the entire process of helping a client to resolve his difficulties and in this process, the widest variety of possible techniques should be considered. Any behavioral approaches which effectively promote the development of greater responsibility and initiative in the student, which enhance his capacity to respond to the human and intellectual opportunities about him, are properly part of the equipment of the applied psychologist on this campus. It seems reasonable to anticipate that this is not always best achieved in a setting of verbal dialogue alone.

There is still the question of whether approaches recommended here will, in fact, work better in the circumstances under scrutiny. Frankly, that is hard to say. We doubt that all of them will do so, although reasons have been advanced for each procedure mentioned. Much depends on the astuteness with which any one of those rather general suggestions is implemented. But the question itself moves matters to more productive ground. It implies that we will have to test which approaches work well under given circumstances new to guidance, rather than simply accept and imitate familiar procedures. It demands experimentation in a search for broader principles that will give increased knowledge about the interaction of personality and culture.

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INTERCULTURAL AND INTERNATIONAL ADJUSTMENT

INTERCULTURAL COMMUNICATION AND THE ADJUSTMENT OF THE SOJOURNER

Michael Brein and Kenneth H. David

The purpose of this article is to discuss social psychological factors related to the adjustment problems of the sojourner. Books and articles by Cleveland, Mangone, and Adams (1960), Ekroth (1968), Gardner (1962), Gullahorn and Gullahorn (1963), Hall (1959), Hall and Whyte (1963), Jacobson (1963), Kelman (1965), and Major[1] have discussed various aspects of sojourning and adjustment.

The term sojourner refers to many types of travelers including students, trainees, technical assistants, tourists, businessmen, military personnel, missionaries, foreign service officers, professors, and others. The sojourn research has primarily considered the foreign national who has sojourned in the United States, although there appears to be an increasing interest in the American who has traveled to other countries (e.g., Major, 1965, see 1; Smith, Fawcett, Ezekial, & Roth, 1963). Moreover, among those studies that have dealt with the American sojourner, there has been a disproportionate emphasis on the study of students and educational advisors. According to Patterson (1969) and the United States Bureau of the Census (1969), pleasure and personal reasons were indicated by approximately 78% of all United States passport recipients in 1967 and 1968 as the two main purposes for their travel. Yet, these individuals have been relatively neglected by the sojourn research. Another emphasis of this kind of research has been on the study of the traveler during the period of his stay in the foreign or host culture. There have been relatively few studies of the adjustment of the returnee to his home country, the permanence of the effects of the sojourn, the effects of the sojourner on his hosts, and the effects of the returnee on his own country.

Because of the increased opportunities for international travel, more and more persons from many countries are interacting with one another. With such increased frequencies of intercultural interaction, the sojourner is faced with a number and variety of adjustment difficulties which can be traced to both the obvious and more subtle differences between cultures. The major purpose of this article, therefore, is to discuss the social psychological aspects of the adjustment of the sojourner and to provide an integration of the research concerned with this topic.

Adjustment problems can have serious consequences for the sojourner. Thomson and English (1964), for example, reported that adjustment problems constituted over 60% of all permaturely returning Peace Corps Volunteers prior to 1963. The problems of adjustment are also seen to range

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[1] Major, R. T., Jr. A review of the research on international exchange. Unpublished manuscript, Putney, Vermont: The Experiment in International Living, 1965.

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widely in extent, focusing on the sojourner's relationship to himself, to others, to the environment, and to his activities within the host culture. Smith (1955), for example, discussed the adjustment difficulties that foreign students have in the United States in relation to communication, learning the ways of academic life in the United States, maintaining self-esteem, gaining acceptance and making friends and balancing group memberships and loyalties. And Dicken (1969), Fisher, Epstein, and Harris (1967), Mischel (1965), and Smith et al. (1963) concerned themselves with the adjustment of Peace Corps Volunteers in relation to their jobs, their physical well-being, and their in-country locations.

A major problem in understanding the topic of the adjustment of the sojourner is that the approaches of various investigators have been so divergent that it is difficult to either inter-relate their findings or to develop any consistencies among the factors deemed relevant to intercultural adjustment. Moreover, even when investigators apparently study the same or similar factors, the results usually fail to show any consistent patterns. Several of the more common approaches to describing and explaining the sojourner's adjustment include the following: curves of adjustment, culture shock, personality typologies and traits, background and situational factors, and social interaction. These approaches have varied in their usefulness in explaining the process of intercultural adjustment and are discussed in detail in later sections of this paper.

An assumption is made by the authors that the sojourner's successful adjustment to an intercultural experience is highly dependent on his achievement of effective interpersonal relations with his hosts. A necessary prerequisite to establishing such effective social relationships, however, is the development of understanding between the host and visitor. To this end, the effective exchange of information, that is, communication, on both verbal and nonverbal levels of behavior, is considered by the authors as being crucial to the development of such understanding. One mode of integrating the seemingly rather divergent approaches to understanding the adjustment process, therefore, is to interpret adjustment within the broad framework of intercultural communication as outlined above. In this manner, a variety of factors may be seen to influence the adjustment process insofar as they affect the process of information exchange or communication.

U and W Curves or Adjustment Functions The sojourn literature indicates that the adjustment of the traveler seems to follow a predictable temporal pattern. That is, there seems to be a curvilinear relationship between adjustment and time sequence of the sojourn. Lysgaard (1955), in a study of Scandinavian Fulbright Grantees studying in the United States, first described this curvilinear function and referred to it as the U-curve phenomenon. And Sewell and Davidsen (1956) reported a U-curve function of academic personal adjustment for Scandinavian students visiting the United States. Initially, researchers reported only a U curve, because the studies were limited to the sojourner's adjustment within the host culture; however, a more recent development suggests that a W-curve function may be a more comprehensive description of the adjustment process. The W curve is essentially an extension of the single-U curve to a double-U curve (UU curve), that is, a W curve. The W curve of adjustment has been described by Gullahorn and Gullahorn (1963, 1966). It encompasses both the sojourner's adaptation to a foreign culture and his re-adjustment to his home culture. Thus, the W-curve function represents the adjustment of the sojourner along a temporal dimension. In a very general manner, the sojourner tends to undergo a decline in adjustment shortly after entering a foreign culture, which is followed by a recovery stage with a resultant increase in adjustment; then, on returning home, the sojourner undergoes another decrease in adjustment followed by a second stage of recovery. The degree and duration of the adjustment decline for an individual sojourner would depend on a number of variables, which are discussed in the later sections of this article. Thus, the W curve may be descriptive of the change in adjustment of a larger number of sojourners, although there may be a great deal of variability among individual curves of adjustment. In some instances a sojourner may never quite fully recover from his initial difficulties, whereas others may experience little more than a mild annoyance with no appreciable decrease in adjustment. Also, some sojourners may encounter few adjustment difficulties upon returning home, while others may undergo a rather severe reentry crisis.

During the initial phase of the W-curve phenomenon, which may last for several months, depending on the length of the sojourn, the sojourner shows a relatively satisfactory adjustment to the host country. The visitor is mainly a spectator, absorbing the sights, forming impressions, and expressing enthusiasm. His interactions with the host nationals are quite limited and uninvolved. Tourists or short-term sojourners are usually characterized as rarely advancing from this superficial level of interaction with host nationals, perhaps because their purposes are related to recreation, relaxation, and sightseeing, which may preclude any serious involvements with the hosts. A decrease in the sojourner's adjustment, that is, a downward slope in the W curve, begins after this initial spectator phase. The sojourner has been in the host country for a period of time and encounters gradually increasing demands to adjust to a new and often strange environment. The sojourner's previously limited involvements with the hosts no longer suffice to satisfy his needs to cope with his intercultural experience. He attempts to unravel the complexities of the culture, and to accomplish this he develops the need to establish more enduring social relationships with the hosts. He soon learns that his elementary knowledge of the host language is no longer adequate enough to cope with the increasing complexities of social communication. This is a time when the sojourner's involvement with the host culture becomes critical; he is at the point where he is in most need of satisfactory relationships with others, yet he lacks the social tools or means to bring these about. This is the low point of the sojourn where the characteristic symptoms of culture shock occur, as described by Oberg (1960) and others. After this, a gradual recovery in the sojourner's adjustment occurs (an upward trend of the W curve), where he begins to become aware of the more subtle cues of the host culture and begins to develop a fluency in the language. He develops a strategy for working through various intercultural difficulties. When the sojourner returns to his home culture he may undergo what has been termed a "re-entry crisis," which is analogous to the first drop in the W curve. His decline in adjustment, however, seems to be somewhat less in intensity than during his initial culture shock reaction to the host culture.

The sojourn literature indicates that the W curve may show cultural variation. For example, Pool (1965) reported that among foreign students to the United States, those coming from countries that are relatively more similar to the United States differ in their adjustment problems from those from less similar countries.

Sewell and Davidsen (1956) reported that language facility, social interaction with Americans, previous contact with other cultures, and personality characteristics may influence the rate that a sojourner to the United States passes through the various phases of the W curve.

Culture Shock Rather than describing adjustment strictly in terms of curve functions per se, other researchers have portrayed adjustment in verbal terms as a series of sequential stages. Although differing with respect to numbers and kinds of stages, culture shock, role shock, language shock, culture fatigue, and reentry crisis all bear in common a close resemblance to one or more aspects of the U and W phenomena.

Hall (1959) defined culture shock as "a removal or distortion of many of the familiar cues one encounters at home and the substitution for them of other cues which are strange [p. 156]." Oberg (1960) is generally credited for having introduced the term in one of his earlier articles. He conceived of culture shock as an "occupational disease" of people who suddenly find themselves located in a culture very different from their own. Oberg stated that culture shock is precipitated by the anxiety that results from losing one's cues to social interaction. The cues include the many ways in which one orients himself to daily life: when to shake hands, when and how much to tip, when to accept invitations, when to take statements seriously, etc. The cues, which may be customs, gestures, facial expressions, or words,, are primarily unconscious and are as much a part of one's culture as the language.

Oberg described several stages of culture shock: (a) Stage 1 is a period of incubation, during which time the sojouner may feel highly elated. He may be living in a good hotel where conditions are comfortable, the sights are intriguing, the hosts are courteous, and his expectations for the future are positive. During this period he may find a house, mails, schools for his children, etc. (b) Stage 2 is a period of crisis resulting from the genuine difficulties that the sojourner may begin to encounter in a different culture. The activities of daily living that had been previously taken for granted become insurmountable problems. He may associate with other sojourners and criticize the host country and its people. Thus, foreign nationals may be described in derogatory terms as a result of the sojourner's attempt to rationalize his adjustment problems. (c) Stage 3 is a period of recovery in which the sojourner begins to understand some of the cues of the host culture. He regains his sense of humor and he may even imagine himself an authority on the host culture. (d) Stage 4 is the complete or nearly complete period of recovery in which the sojourner accepts the host culture. Although he may not be overly enthusiastic about the country, he is at least able to enjoy his experiences. (e) Stage 5 is a period that occurs when the sojourner returns home. It is a culture shock in reverse, but one that seems to be less serious than the original shock. Aside from the "disease" model that Oberg used to describe culture shock, Hall and Oberg appear to be in basic agreement. Gullahorn and Gullahorn (1963) equated culture shock to the cognitive dissonance that results from the discrepancy between the sojourner's expectations of the host culture and his observations of that culture. Also, cognitive dissonance may occur as the result of the sojourner's participation in role behaviors that are at variance with his own values. Smalley (1963) proposed four stages of culture shock: (a) A stage of fascination in which there are various barriers preventing social interaction with host nationals. (b) A stage of hostility which occurs as the permanency of the residence develops. There is more social interaction within the host country, but the sojourner emphasizes the superiority of his own culture. (c) A stage of improved adjustment, with an expression of humor and lessening of tensions. (d) A stage of biculturalism, in which the sojourner develops an understanding of the host culture and acts in accordance with its norms. There stages appear to be similar to those proposed by Oberg.

The crises of Peace Corps Volunteers have been described by Pearson (1964). During the first crisis the volunteer is compelled to explain that he is "none of these things." He believes that he must explain his purpose to his hosts and dispel their misconceptions. The second crisis is one of acceptance of the situation; the romance and adventure are gone; the volunteer becomes bored, lacks intellectual stimulation, and his work becomes tedious. He begins to read more and discovers a "society of solitude." The third crisis is one of self-awareness and few frustrations. There is a feeling of identity and an awareness of the "different life."

According to Foster (1965), few first-time longer-term sojourners recover from the culture-shock experience in less than 6 months, and it is not uncommon for it to last for a year, although a resilient sojourner may recover within 3 months. Foster suggested that one culture-shock experience will not immunize one against future shocks, although future experiences may be less severe, and the re-adjustment stages somewhat shortened.

Smalley (1963) considered language to be the primary determinant of culture shock, because of the importance of language as a medium of communication. He added that the study of language per se may result in an acute shock for some people. Smalley appears to disagree with Hall over the relative importance of different types of communication, with Smalley emphasizing verbal communication, and Hall stressing the nonverbal aspects.

In an article about overseas American technical assistants, Byrnes (1960) described "role shock" as being somewhat distinct from culture shock. Unlike culture shock, role shock was reported to be more severe, to increase over time, to frequently reach its peak at the mid-point of the expected length of the sojourn, and to rarely result in complete recovery. Role shock for technical assistants was believed to result from ambiguity in their professional roles, unsuccessful relationships with their host-country counterparts, and problems with communication and participation in the host-country hierarchy.

Guthrie (1966) suggested that the term "culture fatigue" may be a more appropriate description of the reactions of Peace Corps Volunteers to the Philippines. The hospitality and deference of the Filipino, in conjunction with the fairly common use of English and the awareness of certain Western values, may result in the American sojourner believing that the Philippine culture is very similar to that of his own. However, in spite of these apparent similarities as well as the adoption of some Spanish and American customs by the Filipinos, there remain many elements that are unique to that country. The apparent cultural similarities may result in the sojourner experiencing confusion and annoyance, and when these frustrations endure over a period of time they may be termed "culture fatigue." Szanton (1966), too, discussed culture fatigue among Peace Corps Volunteers in the Philippines. He considered culture fatigue to be the exhauston that results from the endless number of minute adjustments required for long-term living in a foreign culture.

On returning to his home country, the sojourner may undergo what has been termed a re-entry crisis. The crisis of the returning Peace Corps Volunteer has been described by Pearson (1954) and Stolley (1965). The volunteer, having lived for 2 years in a developing country, may find difficult his readjustment to the relative affluence of the United States and the seemingly superficial values espoused by the mass media. Moreover, he may have difficulties in adjusting to a change in roles. As a volunteer he may have assumed many responsibilities, but, after a while at home, may find himself in a relatively ambiguous situation with minimal responsibilities and resultant feelings of disillusionment and aimlessness. The returning volunteer is confronted with many behaviors that prior to his departure from the United States were primarily unconscious, unnoticed, unquestioned, and taken for granted. But on returning home and becoming aware of these previously accepted behaviors, these may no longer seem meaningful. The apparent values as reflected in the heavy traffic, ubiquitous television, rushing about, etc., may be very difficult for the returnee to reconcile with the values that he acquired while in the host country, for instance, values of social concern which he acquired as a result of teaching, preventing illnesses, or increasing food production.

Social Patterns, Personality, and Adjustment Various investigators have attempted to construct sets of characteristics and distinct social patterns that could be used to distinguish between groups of sojourners. There may be a limited number of alternatives that a sojourner may choose from to cope with a foreign environment, and each alternative would include a characteristic modus operandi. Once the different social reponse patterns have been determined, a fairly accurate description of the social behavior of any sojourner, after he adopts one of the characteristic patterns, is possible. For example, Shelton (1964) observed a characteristic pattern of social interaction, which he termed the "Miss Ophelia Syndrome," among a group of investigators conducting field research in Africa. The syndrome consisted of an avoidance of physical contact with the Africans and avoidance of accepting Kola (nuts), food, or wine from them. The usual reason, or rationalization as Shelton perceived it, was that the investigators were acting in a scientific manner of detachment which was appropriate for conducting their research. However, the Africans, as well as other host nationals, are likely to have interpreted the aloofness of the researchers in a manner that may have jeopardized the probability of the researches' success. The villagers may have believed, for example, that the "Miss Ophelias" considered themselves to be superior to the Africans.

Sewell and Davidsen (1956) described four kinds of sojourners and the characteristic patters of adjustment that they adopt: (a) Detached Observers, (b) Promoters, (c) Enthusiastic Participants, and (d) Settlers. Sewell and Davidsen added that these patterns of adjustment are related to the sojourner's perceptions of roles and their expectations with respect to returning home.

The Detached Observers were described as having very little involvement or need for involvement with the host country. Their motives for the sojourn are usually technical and clearly defined, and they form friendships with fellow sojourners rather than with host nationals. They do not show severe adjustment problems, either during the sojourn or on returning home.

The Promoters were described as showing low to moderate involvement in the host country. They are committed to their home culture, but become reluctant participants in the foreign culture as a result of their role perceptions; that is, they believe that they are expected to participate in the host culture. However, they undergo some adjustment problems as a consequence of the discrepancies between their home and host country commitments. They are described as continuously praising their home countries.

The Enthusiastic Participants were described as detaching themselves from their home country and actively participating in the host culture. They are aware of the temporary nature of the sojourn and apparently try to capitalize on their sojourn experiences. Their motives for the sojourn are not exclusively related to their technical goals. They have relatively few adjustment difficulties in the host country; however, their expectations of the return to the home culture are not clearly defined, which may lead to reentry crises.

The Settlers were described as showing little attachment to their home country. They adapt slowly, but, in time, show a genuine and thorough adaptation to the host country.

In India, Useem (1966) classified wives of Americans according to four patterns of behaviors, namely, (a) Copers, (b) Cautious, (c) Supporters, and (d) Fumblers. The Copers, in general have an affirmative, enthusiastic view of life. They emphasize self-direction, initiate action, and have a high degree of self-esteem, although early in their stay in India they have as many problems as the other American wives. If they are not able to solve their problems through action, they put pressure on their husbands to leave the host country.

The Cautious are neither enthusiastic nor indifferent. They weigh alternatives carefully, and slowly work through their problems. If they are not able to cope with their problems, they look for a more congenial environment.

The Supporters are responsive to direction from others. They are supportive of others, although they do not take active leadership. If placed in highly structured situations, they will have adjustment problems until they learn the cultural patterns; if they are in unstructured situations, they will become disorganized by their environment.

The Fumblers are noncoping, incautious, and nonsupportive. They are neither self-directed nor responsive to direction from others. They are a burden to their husbands and to the local community, are chronic complainers, and blame others for their problems. If they are ultimately unable to cope with their problems, their husbands may be asked to resign.

Useem emphasized that these patterns of behavior would not provide an effective basis for the selection of personnel for overseas assignment, since, with the exception of a few Fumblers, for whom fumbling was a life pattern, these behavior patterns were not consistent; over periods of time. An older woman who had been a Cautious type during her lifetime in the United States, for instance, might change into a Coper in India. Also a woman could be a Coper during one assignment,but could become a Cautious type during the next assignment, and all could become Fumblers when placed under a great deal of stress. Because Useem found little evidence that patterns of social behavior were long enduring, he found them to be of little value in predicting behavior.

Smith (1956) reported that sojourners from similar cultures tend to develop common patterns of behavior in the host culture. He observed that such common behavioral patterns are especially characteristic of sojourners from certain developing countries when they travel to the United States, because they often perceive a loss of status during their sojourns. For example, foreign scholars who perceive a general superiority of American science and technology may feel a loss of status when studying in the United States (Beals & Humphrey, 1957; Lambert & Bressler, 1956; Scott, 1956). Lambert and Bressler (1955) described the sensitive areas of the foreign student in the United States and the adjustment problems that may result. Smith (1956) reported that Indian students were often appalled by Americans, because of the latter's apparent ignorance and disapproval of the Indian culture, for instance, the caste system and poverty. The Indian students tended to react in a hostile manner and to retaliate against the Americans by referring to major American problems, for instance, the racial problem. In contrast to the Indian students, Japanese students appeared to react to criticism of their home country by employing "enryo," that is, withdrawal from Americans. Whether a student reacted in a defensive manner, either counterattacking as the Indians or withdrawing as the Japanese, seemed to be related to the sojourner's attitudes. Those sojourners who reacted defensively to criticism of their own countries had negative attitudes toward both the United States and their own countries. The relationship between attitude and defensiveness may be a function of the sojourner's negative attitudes toward his home country; that is, in order to maintain his self-esteem he has to deny his negative attitudes and employ a defense mechanism. Thus, the sojourner's negative attitude toward the host country may be a function of his negative attitude toward his own country and of his defensiveness, rather than of his actual sojourning experience.

Bennett, Passin, and McKnight (1958) described the adjustment patterns of Japanese students in the United States, based upon data derived from interviews and a battery of tests. The adjustment patterns of the students were described in relation to three personality types, namely, the Adjuster, the Constrictor, and the Idealist. The Adjuster is able to adapt to both the Japanese and American cultures and is able to assimilate attitudes from both cultures. The Constrictor is conservative in his attitudes, and his behavior is congruent with orthodox Japanese culture. The Idealist is liberal in his attitudes and is open to cultural change. In another study of Japanese sojourners, Nash and Shaw (1963) described three personality types of Japanese immigrants to Cuba, which he termed the Autonomous, Traditional, and Transitional.

Perlmutter (1954) investigated the relationship between the American sojourner's adjustment and xenophilia, that is, the preference for things and persons foreign. Sojourners were administered a scale consisting of sentences that compared foreign and domestic objects. The Xenophiles were defined as those sojourners who chose the foreign in preference to the domestic object, for instance, "Most European girls make better wives than American girls." In spite of the Xenophile's preference for things foreign, he tends to isolate himself in American enclaves while living in the host country. Perlmutter suggested that the Xenophile tends to fantasize about "a better world abroad," regardless of where he may live. It appears likely that the Xenophile is a dissatisfied person who is trying to maintain his self-esteem by holding his environment responsible for his feelings of dissatisfaction. Pool (1965) has presented a more extensive examination of the significance of xenophilia in understanding the sojourner.

Lundstedt (1963) stressed the importance of personality factors in sojourn research. He maintained that a closed mind and ethnocentrism may limit the attainment of effective overseas adjustment, and that the more effective coping mechanisms in adjustment consist of rational attitudes. universalistic tendencies, open-mindedness, and flexibility. A similar viewpoint was taken by Gardner (1962). He suggested that the "universal communicator" will have the least difficulty in adjusting to another country. The universal communicator was described as having a well-integrated personality, a central organization of an extroverted type, a value system that includes the "values of all," a socialization of cultural universals, and a high degree of sensitivity toward others.

The descriptions of the potentially good adjuster, portrayed by Lundstedt and Gardner, appear to be commonly accepted in the literature on sojourning. However, the description is based primarily upon face validity rather than empirical data. In spite of its appeal to common sense, the description may be over-simplified and possibly incorrect. For example, Bronfenbrenner, Harding, and Gallwey (1958) found evidence that general interpersonal sensitivity is associated with passivity and withdrawal; hence, extending their findings to intercultural interactions, the sojourner who has a high degree of sensitivity may be at a disadvantage in adjusting to a foreign culture. Also, Byrnes (1966) described a number of studies about overseas American technicians, and reported that the evidence did not support an "overseas type," that is, the successful overseas technicians did not show any consistent personality patterns that would distinguish them from unsuccessful technicians. Additionally, in a study by Smith (1966) dealing with Peace Corps Volunteers, scores on authoritarianism showed no relationships with either factor loadings on a general competence pattern or with administrative evaluations of the volunteers in the host country.

The conceptualization of the adjustment of the sojourner in terms of typical behavior or social patterns, and personality typologies, characterizations, traits, and constellations is interesting,entertaining, and somewhat anecdotal. However, it becomes apparent, perhaps because of the diversity of these approaches, that little common ground exists for making lucid or even intelligible comparisons or distinctions between them; the particular patterns, typologies, and traits appear to be as varied as the investigators themselves. Also, some authors seem to describe and emphasize particular behaviors, patterns, or modes of adjusting while ignoring the antecedent, background, personality, or social determinants. Other researchers, however, emphasize the personality or background factors but neglect the behavioral consequents. And others apparently fail to distinguish between antecedents and consequents in relation to the patterns, typologies, and traits with the result being a lack of clarity. Most of the investigators have used an impressionistic approach in establishing the social patterns and personality typologies of sojourners without empirically cross-validating whether their impressions are consistent with other sources of data. Thus, the proposed patterns and personality traits seem to be vague descriptions neither clearly defined nor conceptualized in any comprehensive manner. Although it seems unlikely, these descriptions may have some future value in understanding intercultural adjustment, but at the present time they are little more than hypotheses based on limited data and general impressions.

Background and Situational Factors A somewhat greater degree of success in predicting intercultural adjustment has been based on background and situational factors. Smith et al. (1963) reported that the religious affiliation of Peace Corps Volunteers was related to adjustment, that is, morale. However, age, type of undergraduate school, and previous teaching experience showed no relationship to morale. Another investigation of Peace Corps Volunteers found that paternal absence during childhood differentiated significantly between successful and unsuccessful volunteers (Suddenfeld, 1967). The proportion of volunteers from fatherless homes was significantly greater among unsuccessful volunteers.

Smith et al, also reported that morale was higher for Peace Corps Volunteers living in or near the major cities than those living in more rural areas within the host country. However, morale was not related to age of African school, subject matter taught, teaching level, or working alone. In another study, Gullahorn and Gullahorn (1963), using a 13-item self-satisfaction questionnaire to measure adjustment, found that American grantees in Europe were better adjusted than those who stayed in the Near or Middle East.

Social Interaction and Adjustment The degree of social interaction or contact between the host national and the sojourner has been found to be related to the latter's adjustment. For example, Sewell and Davidsen (1961) reported a significant relationship between the social interaction of Scandinavian students with Americans and their satisfaction with their sojourns. And Morris (1960) found that the volume, range, and depth of social interactions of foreign students in the United States were significantly related to their satisfaction with their sojourns.

A psychiatric study of American housewives in Columbia indicated that a lack of social interaction may result in adjustment problems (Leon, 1963). The women patients manifested the typical neurotic symptoms of anxiety, insomnia, heavy drinking, etc., and Leon suggested that a woman sojourner may have greater difficulties than a man in adjusting to a foreign country because the woman has less opportunity to interact with others. The professional man can derive satisfaction from his work and engage in social interaction in conjunction with his job, whereas the housewife may have few avenues of social contact open to her. Also Gullahorn and Gullahorn (1963) reported that American grantees who had high adjustment scores tended to maintain contact with host institutions, consult on professional matters with colleagues and students in the host country, and help these hosts to apply for grants in the United States.

The earlier sections of this article described the relationship between adjustment and several variables, that is, patterns of behavior, personality, background, and situational factors. In the sections that follow, some of these variables are seen to be related to adjustment insofar as they either facilitate or inhibit social interaction.

Sewell and Davidsen (1956) determined the degree of social interaction that Scandinavian students had with aspects of American culture. The measure of social contact consisted of the students' self-reports of social interaction with respect to American homes, churches, commercial recreation areas, campus activities, and travel within the United States. Background factors found to be related to social interaction included high socioeconomic status in the student's home country, urban background, previous contact with Americans, and a liberal arts as opposed to a physical science college background.

Major (see Footnote 1) stated that the sojourner's geographical background is an important factor influencing social interaction. He found that European in contrast to Asian students, while sojourning in the United States, had more social interactions with Americans. Similarly, American students in Europe reported more social interactions with host nationals than did Americans in Asia.

Sewell and Davidsen reported other factors that influenced the amount of social interaction of foreign students in the United States. Those students interacted with Americans most frequently whose purposes for coming to the United States were social or cultural rather than professional. Also, those students who had relatively less frequent and less severe frustrating intercultural experiences tended to engage more in social interactions with the hosts. In another study, Goldsen, Suchman, and Williams (1956) investigated the social interaction of Americans on a foreign campus, and found that those students who participated most in the campus life revealed a general pattern of friendliness, and were less critical of specific issues and practices of the United States. However, the degree of social interaction was not related to the social, political, or economic interests and attitudes of the students. Kelman (1962) suggested that intercultural interaction may be increased by the sojourner's participation in an ongoing enterprise, maintaining the self-esteem of the host, and by introducing common goals as the result of combining his effort with the hosts on a particular task. Finally, the results of several studies (e.g., Morris, 1960; Selltiz, Christ, Have, & Cook, 1963) have indicated a positive relationship between one's fluency in the host language and the extent of social interaction with the hosts.

The studies cited in the previous sections indicate that social interaction is a relevant variable in understanding the adjustment of the sojourner. More specifically, it seems that various background and situational factors influence the sojourner's social interaction with his hosts, which in turn influence his adjustment. However, the term social interaction has not been clearly specified by the majority of investigators with the result that the concept remains somewhat vague and elusive. For example, does social interaction refer to talking to host nationals? To the number of people the sojourner talks to? To the amount or type of talking? Does it refer to the situation in which he is merely present with others without actual conversation going on? Does it refer to the number of hosts that the sojourner meets, knows, or is close friends with? Thus, there are many ways in which a sojourner can interact with his hosts, and it would seem necessary to specify more clearly what is meant by social interaction in order to be able to relate dimensions of social interaction to the sojourner's adjustment.

Intercultural Communication The study of the adjustment of the sojourner should not emphasize the social interaction or contact experience per se, but rather the dimensions of interpersonal processes that occur during these encounters. What is most important, then, is not the mere occurrence of the contact or interaction, but instead, what actually *happens* during the encounters.

The authors believe that the effective interpersonal functioning of the sojourner, that is, his adjustment, is dependent on the development of understanding between himself and his host. The degree that they are able to engender an effective flow or exchange of information will determine the extent that mutual understanding can develop. Thus the sojourner's adjustment is seen to be a function of effective intercultural communication which occurs between sojourner and host (see Ells[2] for an annotated bibliography of articles and books related to intercultural communication).

Many investigators have suggested that differences between cultures may impede effective intercultural communication, Gardner (1962), for example, maintained that because the culture of the United States is extremely different from the cultures of developing countries, the American is rarely able to "perform this psychological feat of putting one's self in the other's shoes with any degree of efficiency [p. 245]." Gardner, using a sociological approach, discussed these differences between cultures and their implications for intercultural communication. He related his ideas to Max Weber's model in which a society moves from a "traditional authority" to a "rational-legal authority." A technologically advanced country would be located at the rational-legal phase, whereas a developing country would be located at the traditional phase. Social interaction between individuals from countries whose social systems are in different phases could result in numerous misunderstandings, with consequent difficulties in social personal adjustment for the sojourner. A somewhat similar sociological approach taken by Riesman, Glazer, and Denny (1955) contends that countries move from "tradition-directed" stages to "inner-directed" stages, and culminate in "other-directed" stages. Zeleznik (1957) related the theory of Riesman et al. to the adjustment of the sojourner.

An interesting comparison between traditional and technologically advanced cultures has been proposed in terms of role differentiation by Foa and Chemers (1967). They suggest that the family is the nuclear system for establishing the various roles within a given society. The differentiation of roles within other systems, such as those pertaining to education or business is secondary and rooted in the differentiation of family functions. A traditional culture has relatively few secondary systems in comparison with a more technologically advanced culture, which has many. Furthermore, a traditional culture makes many role distinctions within the family, but few distinctions between the family and secondary systems. Conversely, a technologically advanced culture makes relatively fewer role distinctions within the family, but many distinctions between the family and secondary social systems. Thus, for example, in a traditional culture status in a particular social system may be determined primarily by one's role within the family, whereas, in a technologically advanced culture, status may vary from one social system to another depending on one's role in the particular system. In order to communicate effectively in an intercultural setting, therefore, it would seem particularly important for the sojourner to carefully differentiate among the roles of the host culture. For example, an American, to be able to communicate optimally in the Middle East, must learn to differentiate more within the family and less between the family and other systems. On the other hand, a Middle Easterner sojourning in the United States would have to learn the opposite, namely, to place less emphasis upon the role differentiation within the family, but more emphasis between the family and other social systems.

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[2] Ells, S. A. bibliography on cross-cultural communications. Unpublished manuscript, Putney, Vermont Experiment in International Living, School for International Training.

The difficulty of "putting one's self into the other person's shoes" is aptly described by an Oriental story related by Adams (1962):

> Once upon a time there was a great flood, and involved in the flood were two creatures, a monkey and a fish. Now the monkey, being agile and experienced, was lucky enough to scramble up a tree and escape the raging waters. As he looked down from his safe perch, he saw the poor fish struggling against the swift current. With the very best of intentions, he reached down and lifted the fish from the water. The result was inevitable [p. 179].

The sojourner, especially if he is an educational or technical adviser, may act much like the monkey in the story, and with the most laudable of intentions may make equally disastrous decisions. The subtle and yet very important differences between cultures may not be understood, with the result that what may be perceived by the sojourner as the "most laudable of intentions," may be perceived by the host-country nationals as an insult instead. An awareness of differences between cultures would seem, then, to be crucial for effective intercultural communication. But developing such awareness is very difficult, primarily because of the subtleties of these differences. As Kluckhohn (1949) stated when he compared a culture to a map, "If a map is accurate and you can read it, you won't get lost; if you know a culture, you will know your way around in the life of a society [p. 28]." In a recent study of the Sinasina culture in New Guinea, Turner (1968) stressed that a sojourner should understand the "cultural theme" of the host culture in order to establish adequate intercultural communication.

Schuetz (1944) described the role of a stranger in a group, in which the stranger must modify his frame of reference in order to become more aware of the implicit structure and rules of the group. The stranger cannot rely upon vague notions about the norms and structure of the group if he is to become accepted. Likewise, the sojourner in his role as a stranger to a foreign culture needs to become aware of its implicit rules. This is no doubt a more difficult task for him than were he adjusting to a new group within his own culture.

Hall (1959) and Hall and Whyte (1963) discussed the process of intercultural communication and stated that periods of time spent in another culture may bring to awareness aspects of the sojourner's home culture of which he was previously unaware. A sojourner becomes aware of the many subtle cues that he has been employing within his own country, because the cues are no longer effective for communication within the host culture. An awareness of what were formerly unconscious cues for communication might be an important contribution to effective communication within the host culture, because the awareness of a cue may enable a sojourner to modify his patterns of communication so that they are congruent with the cues of the people of the host country. Therefore, if a sojourner can consciously direct his behavior, the likelihood of his becoming better adjusted would be increased. In terms of the downward slopes and low points of the W curve, adjustment would be evidenced by a reduction in the slope and a reduction in the severity of concomitant culture-shock symptoms.

Intercultural communication can be conceived in terms of verbal communication, nonverbal communication, and complex inter-relations between the two. The most obvious mode of communication is through the use of language, and its importance to understanding adjustment has been indicated by a number of studies.

Deutsch and Won (1963), for example, reported that language facility of trainees of the Agency for International Development was a factor influencing the degree of their social satisfaction or adjustment. And in a study of Scandinavian students in the United States, Sewell and Davidsen (1956) reported, also, that fluency in the host language was a necessary condition for a satisfactory adjustment. However, Major (see Fottnote 1) reported that the English fluency of foreign students in the United States had little bearing on either their social or academic adjustment. Major suggested that the foreign student's confidence in his use of the host language had a greater influence on his adjustment than actual facility in the host language. Gullahorn and Gullahorn (1966) suggested that confidence in the use of language, regardless of ability, may be a function of a more general confidence in one's ability to interact with others. Within certain cultural contexts the sojourner who has confidence in his ability to speak may be encouraged by foreign nationals whenever he uses the host language. However, Gullahorn and Gullahorn noted that not all countries are equally encouraging of the foreigner who attempts to speak in the host language. For example, whereas a sojourner to the United States will be likely to find his attempts to speak English generally encouraged, in France the sojourner may find his hosts relatively intolerant of misuse of the French language. The sojourner who has strong tendencies toward verbal interaction may find such rebuffs considerably frustrating. Other aspects of language have been covered by Bennett et al. (1958), Feldman (1968), and Watson and Lippitt (1955).

Nonlinguistic as opposed to linguistic aspects of culture have been emphasized by Glenn (1967), Loubert,[3] and Wight, Hammons, and Bing[4] in explaining the barriers to communication that often exist between sojourner and host. And Hall (1959) proposed a theory of culture in which verbal communication is only one of many possible modes of communication. He formulated a "map of culture" which can be represented by a 10X10 matrix of cells. While the axes of the matrix consist of "primary message systems" or systems of communication, the cells in the matrix include the totality of activities in any culture. Thus, Hall conceived of culture as a vast system of communication composed of these message systems into which all of the aspects, activities and elements of a culture may be categorized. Each cell has associated with it a "meaning" or communication value that is generally understood by the majority of members of a given culture. Since only one cell of the matrix is used to represent the process of verbal communication, all of the remaining cells pertain to messages that occur nonverbally and largely out of awareness. Therefore, nonverbal, in comparison with verbal communication, would seem to be of much greater significance within the culture (see Duncan, 1969, for a recent review of nonverbal behaviors).

Hall contends that the greatest confusion in intercultural communication can be traced to a failure to interpret correctly the subtle cues that precede and surround a verbal communication. A person may understand the actual spoken message, but may be totally unaware of the nonverbal messages that are occurring on the unconscious level. This unconscious communication is described as following certain culturally determined and relatively inflexible "rules," and may be discovered through analyses of nonverbal behavioral patterns. Often the unconscious behaviors become known to the sojourner during the period of his relatively greater adjustment difficulties. In the sojourner's home country many actions which were automatic and primarily unconscious are relatively inappropriate within the host culture and become conscious in the process of adjustment (see David, 1971). According to Hall and Whyte (1963) sojourning has an "inoculation" effect. An American, for example, by virtue of his previous travel experience becomes more aware of his own modes of behavior, which were previously unconscious to him in the United States. This new awareness helps, then, to reduce the obstacles that interfere with understanding in subsequent intercultural encounters.

Apparently a variety of differences between cultures may contribute to misunderstandings in the communication process. Cultural differences with respect to time and space are two examples. Important cultural differences and their implications for intercultural communication may be found in the way that people from various countries conceive time. As described by Cleveland et al. (1960), if an American is invited to a seven o'clock dinner, he will probably arrive between 5 and 15 minutes after seven. A

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[3] Loubert, J. D. The trans-cultural research and training institute (TCT). (ONR Tech. Rep. No. HSR-RR-67/7-Cs, Contract Nour 4346-(00), NR-177-238) McLean, Va.: Human Sciences Research, 1967.

[4] Wight, A. R., Hammons, M. A., & Bing, J. Cross-cultural and community involvement training. (Peace Corps Tech. Rep., Contract PC-25-1710) Estes Park, Colorado: Center for Research and Education, 1969.

Scandinavian will probably arrive exactly at seven, and it is likely that he will bring a gift. A Latin may arrive at nine o'clock, and an Ethiopian may arrive somewhat later. A Japanese may not arrive at all, although he had politely accepted the invitation in order to prevent the host from losing face. Hall (1959) reported that an American who has to wait 45 minutes for a business appointment will likely be insulted, whereas, in some Latin American countries a wait of 45 minutes would be considered unusually prompt.

The nonverbal communicative significance of spatial behavior and its implications for intercultural communication, in particular, have been discussed by Brein[5] and Hall (1959), 1966, 1968 . When two persons from different cultures interact, various misunderstandings may result from each interactant's lack of insight into the other's use of space. Misunderstandings can arise from crosscultural differences in territoriality. The middle-class American, for example, believes that he has an inherent right to an office, room, or desk of his own, whereas, his English counterpart does not have the same apparent need to establish such territoriality. Also, the American tends to establish territorial rights in public places, for instance, if he is sitting at a public counter, another person is not expected to attempt to dispossess him of his seat; however, the Arab, according to Hall, believes that a public area really is public, and that a person does not have rights to an area or location simply because he occupies it. In such encounters, any number of potential misinterpretations of behavior could occur between Arabs and Americans.

The conversational interaction distances that people maintain between themselves have been noted to vary across cultures. Arabs, Latin Americans, Indonesian, and African groups, among others, have been described as maintaining generally closer interaction distances among themselves than Americans do (Argyle & Dean, 1965; Hall, 1959, 1963, 1966; Hall & Whyte, 1963). Hall suggested that since cultures apparently vary in their norms for interaction distance, people from these cultures structure their spatial experiences differently and may not necessarily attach the same meanings to their space usages. Hall emphasized the implications these differences might have with respect to intercultural communication by providing an example of the misunderstandings that could result from the different cultural meanings attached to the use of space. When a Latin American and a North American converse, both try to maintain their normal conversation distances "with the result...that when they [Latins] move close, we withdraw, and back away. As a consequence they think we are distant or cold, withdrawn and unfriendly. We, on the other hand, are constantly accusing them of breathing down our necks, crowding us, and spraying our faces [1959, p. 164]."

Although Hall's observations are largely impressionistic, some experimental evidence tends to support his views regarding interaction distances (Brein, see Footnote 6; Forston & Larson, 1968; Sommer, 1967; Watson & Graves, 1966). Other investigators have studied crosscultural differences in spatial behavior by using object arrangement procedures. Based on the methods of Kuethe (1962a, 1962b, 1964), subjects arranged pairs of dolls or paper human cutouts into simulated conversational interactions in any manner they wished onto backgrounds or fields. The distances resulting between these figures have been found to correspond to the actual distances that persons maintain between themselves during conversational encounters. Little (1965, 1968) termed these spatial separations "reproduced interaction distances," and observed that Mediterranean groups (Greeks and Italians), in comparison with Northern European groups (Swedes and Scots), placed dolls significantly closer together during simulated "conversations." Engebretson,[6] in a similar study reported cultural differences between Americans and Japanese. It seems, then, that such object-arrangement tasks may be potentially valuable for studying interaction distances in relation to the processes of intercultural communication.

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[5] Brein, M. Psychoproxemics. Unpublished manuscript, University of Hawaii, 1970.

Triandis, Vassilion, and Nassiakou (1968), in a cross-cultural study of social perception, suggested that two persons from different cultures interacting with each other could develop misunderstandings and misinterpretations of each other's behaviors as a result of differences in their perceptions of social behaviors. It is possible that they could perceive their shared encounter "in very different terms" with respect to the exchange of reinforcements occurring between them, the degree of intimacy of the encounter, as well as their relative differences in status. For example,

> "a person from one culture may provide what he considers to be friendly criticism to a person from another culture only to discover that the other person interprets it as 'hatred.' Or, a person from culture A behaves in a manner which he considers extremely 'positive' toward a person from culture B. However, the individual from culture B perceives the behavior as 'neutral,' and in turn, the individual from culture A feels that he is 'given the cold shoulder' [p. 33]."

Triandis et al. also gave a specific example of Greek and American differences in the perception of certain kinds of social behaviors, and discussed the implications of these differencesfor intercultural interactions between Americans and Greeks.

Fayerweather (1959) described how Americans feel complimented when they are told that they are open, direct, and approachable; however, Mexicans are seen to regard openness to be a form of weakness or treachery. The Mexican can give in or humiliate himself, but he should never allow the outside world to penetrate his intimate being. The person who is open is not to be trusted. He is a traitor or a man of doubtful fidelity, one who tells secrets and is incapable of facing dangers as they should be faced. In an articleabout the first Peace Corps Volunteers to the Philippines, Guthrie (1966) described how the volunteers were urged by some members of the staff to "be perfectly frank" in discussions with the Filipinos. This was a devastating piece of advice. The frankness of the Americans resulted in disrupted interpersonal relationships with the Filipinos because Philippine social interaction depended upon "smooth interpersonal relationships." Szanton (1966) described smooth interpersonal relationships as the handling of potential disagreements by ignoring or denying them, or calling on a third party to negotiate a compromise. Adams (1962) discussed some of the differences between value orientations of Koreans and Americans and also discussed the implications of these differences as they pertain to the role of an American educational adviser.

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[6] Engebretson, D. E. Cross cultural variations in territoriality: A baseline determination of interactional distance between shared culture dyads. Unpublished doctoral dissertation, University of Hawaii, 1969.

According to Cleveland et al. (1960), the American sojourner may have difficulty adapting to a culture in which indirection and innuendo are a way of life. For example, in some Asian languages the word for "no" is rarely used or is the same word as "yes"; thus, the Oriental "yes" may mean "maybe" or "no." The Oriental may consider it better to say an untruth than to cause another person to lose face. Cleveland et al. presented a story about an Indonesian middle-class boy who wanted to marry an upper-class girl. The boy's mother went to the house of the girl's mother for tea. A banana was served with the tea, which was amost unusual combination. The women did not discuss the marriage during their visit, but the boy's mother knew that the marriage was unacceptable--bananas do not go with tea. The relevant information had been communicated, but nobody had lost face. However, an American might have picked up the banana and started to peel it while discussing the wedding date.

The preceding examples of intercultural misunderstandings suggest that the adjustment of the sojourner is related to those areas in which differences occur between cultures. Thus, the basis for ineffective communication of the sojourner would seem to be embedded in the differences between the home and host cultures; consequently, further investigations of cross-cultural differences should be able to establish the areas in which intercultural communication may be improved. More specifically, to understand the adjustment difficulties of an individual sojourner it would be necessary to relate specific background factors, personality traits, and situational factors to the communication process. Relating these factors to intercultural communication may then provide an integrating frame of reference by which any number of independent approaches could be compared and understood in relation to the adjustment of the sojourner. In turn, the effective exchange of information would allow for improved intercultural encounter to develop, resulting in improved adjustment for the sojourner. Although effective intercultural communication seems to establish the necessary basis for adjustment, it does not insure that the sojourner will show good adjustment. A sojourner may know how to communicate effectively in the host culture, but he may not be able to either accept or reconcile the differences between cultures. Although it is beyond the scope of this paper, the next step in understanding the adjustment of the sojourner may be related to his acceptance of the host culture once he has developed effective patterns of communication.

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PERSONAL COUNSELING
ACROSS CULTURAL BOUNDARIES

Clifford H. Clarke

A full-time practitioner in personal intercultural counseling has a schedule which looks like an appointment book at the U.N. At a school with more 1300 foreign students from 86 countries, with at least eight major cultural variables in each, I have the incredible task of developing cross-cultural sensitivity to people from more than 600 primary cultural groups. The only reasonable approach to such a challenge is not based on gathering more and more knowledge about foreign cultures, but rather on developing a theoretical approach to cross-cultural communication as it applies to intercultural counseling. Therefore, this paper is primarily a studied response to my personal need for understanding the nature of my work. To articulate this theoretical understanding has not been unlike the experience of culture shock which one encounters in a foreign land when all audible speaking is in an unfamiliar language. Although the experience of counseling across cultural boundaries is certainly a familiar one, this mode of communicating about it is indeed quite new. For guidance and direction in this task, I am particularly grateful to Paul Pedersen whose insight into the intercultural counseling process and its relationship with intercultural communication theory has been most helpful.

The format of this paper is a brief review of the counselee and the counselor as persons with basic assumptions, needs, desires and communication styles who encounter conflict as a result of changes in their cultural and personal environment. From this conflict, incompatible behavior produces feelings of anxiety and alienation which cause a person to reach out for assistance in clarifying, understanding and accepting. A sensitive response to this self-disclosure hopefully results in a relationship which enables each person to more successfully communicate across cultural boundaries toward greater self-actualization in their own and in other relationships.

The counselor and counselee as persons are influenced in varying degrees by personal beliefs and assumptions commonly shared by members of at least eight identity groups. These beliefs and assumptions may be called "cultural values." The others who share them are members of common identity groups based on nationality, race, language, religion, family (nuclear or extended), socio-economic class (profession, education etc.), age, and sex. The influences of these cultural values on the content and style of interpersonal communication becomes blatantly obvious when persons radically change their human environment.

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Whether the foreign student has come to the United States from a motivation of tourism, serious cross-cultural experience, academic or technical training, immigration or any combination of these desires, he brings with him at least three basic needs which have previously been fulfilled by patterns of behavior in a different cultural value context. These needs are for comfort, respect and companionship. Comfort is related to one's basic sense of security in his natural and human environment. A person is comfortable and secure when his food, clothing, housing, transportation, health, and communication needs are met. Respect is a feeling he needs internally, and from others in the form of acceptance as a person with individual and cultural identities. He needs respect for what he can give as well as for what he can learn. By companionship is meant a behavioral commitment of togetherness with an acquaintance, a comrade a friend or a lover. The needs for companionship, respect and comfort are evident whatever the person's motivation was for coming to the United States.

In addition to these basic needs, persons have desires which are more dependent upon cultural value orientations. For example, one may desire to achieve academic excellence, marry an attractive person or be a competent professional. Such role expectations are strongly influenced by the norms of a particular cultural group or mixture of groups. These norms vary in their rigidity from culture to culture and strongly influence the balance between freely chosen roles and those which are imposed by society. The perception of roles as imposed by society often results in behavior which conflicts with a person's attitude. A person's inner feelings and his thoughts about society do not always suggest the same course of personal action. The relative harmony or conflict between the person and his roles influences the content and style of communication by which he chooses to send messages about himself to others. Experience shows how living in a foreign culture heightens that conflict in daily confrontations of different cultural values and communication styles. Often the conflict builds to such an extent that the person's basic needs and desires cease to be met satisfactorily. At this crisis point the person who reaches out for assistance initiates a relationship with an intercultural counselor.

The counselee and the counselor each bring a variety of problems to their relationship. These range from unfulfilled needs for comfort, respect and companionship, to frustrated desires implicit in role expectations. These problems are usually precipitated by cultural value conflicts or by communication style differences which result from changes in cultural and personal environments. When persons move from traditional bonds of families and the securities of known communities, problems develop within self-identity concerns and interpersonal relations. Some attitudes and behaviors seem particularly inappropriate or unnecessary in the new context, and suggest changes in basic values, assumptions and attitudes.

However, sometimes a difficult situation is not identified as a problem by foreign students who are perhaps uniquely protected in nationality groups by a higher degree of expectation for adjustment difficulties. Due to this expectation they may have a higher level of tolerance for feelings of ambiguity, frustration, alienation and for eccentric behavior. Relationships among countrymen also provide natural supportive networks unmatched by most university counseling systems.

Another phenomenon not unique to foreign students is a resistance to dealing with recognized problems. Often a cultural norm for dealing with problems is to accept them as necessary aspects of reality. Coping with difficulties is a phenomenon which has a high value in some cultures. This is one reason why some foreign students do not seek a counselor when they are in trouble. Another reason is that suspicions of their host culture cause greater anxiety than does dealing with problems by themselves or within their own supportive network. Fear of losing cultural integrity and unclear expectations of the person in the counseling role are other anxieties which influence many foreign students to stay away from counseling centers.

Nevertheless, problems persist when experiences of alienation intensify beyond control, when desires for role fulfillment are incompatible with reality, and when there is a reduction of efficiency, contentment, or relations with others below the level required to meet basic needs for comfort, respect and companionship. These persisting problems are nourished by incompatible value discrepancies, such as: loyalty to individual honesty and directness of verbal communication on one hand, and to the harmony of innergroup relations and non-verbal communication on the other; respect for the experience of the aged on one hand, and respect for individual accomplishments at any age on the other; respect for tradition and the values it teaches on one hand, and for flexibility and change as progressive elements on the other. Anxiety increases proportionately to the incompatibility of these and other discrepancies such as that between the public self and the private self. This discrepancy between the intentional person and the perceived person increases with deficient cross-cultural communication skills. Even the desire for self-disclosure diminishes when communication attempts are frustrated at what seem to be uncrossable cultural boundaries. But a counselee is not the only one who faces these boundaries in a cross-cultural counseling relationship.

The interculturally-experienced counselor brings his own share of problems to the relationship. Hopefully his intercultural learning experiences have taught him skills in communicating cross-culturally which make counseling in that context more natural to him. Without these skills, there are five treatments of cultural values which cause counselors to have problems in the roles of interpreter and analyst of intercultural communication difficulties. These treatments are all part of a cultural incapsulation process referred to frequently by Paul Pedersen.[1] This cultural incapsulation process involves:

1. Fear as an insecure response when faced with cultural value differences;
2. Ethnocentricity as a result of insensitivity to cultural variations;
3. A technique-oriented job definition which focuses on prepackaged solutions;
4. An orientation toward relativism which relies solely on subjective or sociological interpretations of human behavior; and
5. Sociofication through model stereotypes of normal behavior which over-emphasize the value system theory.

The value system theory has also been convincingly criticized by Howard Holladay. He concludes that the value system theory is a questionable approach for intercultural communication because its derivation and validity of values is open to question. Value systems are misleading about a particular subculture and are subject to individual variations. They may desensitize the communicator who uses them and create an environment for self-fulfilling prophecy in intercultural counseling relationships.[2] Therefore cross-cultural counselors need skills to use value system theories not as rigid interpreters of feelings and behaviors, but as potential guidelines along which insight and clarification is necessary from each counselee.

Intercultural counseling relationships begin under the influence of expectations that counselor and counselee have of each other. Newly arrived foreign students often expect a formal relationship with the intercultural counselor. This may be observed in the form of dress which is worn for the occasion, or sometimes by the gift which is brought to the first meeting. There also may be an expectancy for an authority figure who will give direct advice from his experience and wisdom. Some expect a paternal figure who exercizes the necessary influence to relieve all kinds of anxiety. Most expect the counselor to have greater insight to American forms of human relations behavior and communication styles. These expectations are generally met by counselors who are comfortable in fulfilling such role expectations because of their advanced training, positions, or personal needs which make fulfilling those roles natural. They primarily respond to counselees as students with problems and work toward alleviating them during appointment hours only.

On the other hand the counselee might expect to find in the intercultural counselor a friend who participates in his life of intercultural conflicts and who shares with him some of the experiences of intercultural living. He might not expect such a counselor to be an authority figure but rather a peer or a paraprofessional. Such expectations are generally met by a counselor who feels that more learning may take place in an atmosphere of mutuality. He may be a person who does not require appointments or keep his relationships with students limited to the working day. Perhaps he participates in many out-of-the-office experiences with foreign students because of a personal need to build on his own self-actualization and understanding process through intercultural living experiences.

Persons with such perspectives enjoy numerous advantages which are particularly significant in cross-cultural situations. They have already established a basis for sharing relationships and are already active in the lives of the persons they are helping. On the basis of their own similar experiences they are better able to empathize effectively, and to teach others from within a shared frame of reference by a humanized response to a friend based on insights which seem to have provided help in the past. They are also able to provide a more effective transition to more workable levels of functioning within the social system.[3]

Although the professional mode of counseling has been associated with western cultures and paraprofessional alternatives with non-western cultures, the two modes coexist and are by no means mutually exclusive. Both modes may easily compliment one another in their functionally unique advantages. Whichever role the intercultural counselor is able to assume depends as much on how the counselor is perceived by the counselee as on how he perceives himself. Differentiating between perceptions and intentions is thus a crucial aspect of intercultural communication which significantly influences a cross-cultural counseling relationship.

When the counselor begins to offer a diagnosis of the counselee's problem he must exercise extreme caution to insure that his intentions are perceived in terms which are meaningful to the counselee. What constitutes a psychological problem varies from culture to culture. Behavior acceptable here may be inappropriate there. Counselors may tend to rephrase problems in their own cultural frame of reference merely because they are constrained to using the English language. When a counselor's timing, degree and content of intervention depend on culture-specific cues, he may discover that his diagnosis and relationship with the counselee is more injurious than helpful. The counselor may also have difficulty in accurately perceiving the intention of the counselee who is expressing his problem by the choice of particular verbal and non-verbal communications.

The basic communication dynamics of this relationship are the content of shared material of relevance to the person's problems and the process of the experiences which contribute toward goal-realization or self-actualization. Frequently in a cross-cultural counseling relationship the communication will focus on the problem or on the person, depending upon the orientation of the counselor and the expectations of the counselee. Here a synthesis of the counselor's approach and the counselee's norms and expectancies is necessary before proceeding too deeply into the person with a wholistic approach or too specifically to the problem with a technique orientation. In synthesizing considerations of the problem and the person, there is usually an integral relationship between value conflicts, unfulfilled needs and desires, and communication inadequacies in a cross-cultural context. Thus, initially, the content of an inter-cultural counseling situation may focus on areas of common human needs and desires which involve the person and his roles in experiences with other human beings.

Comfort, respect and companionship as defined earlier have been found to be keys into discussions of value assumptions about a person's relation to his physical environment, to himself and to other people. A person's experience with his various roles may initiate content about motivational orientations of being and action personalities, which also give insight to understandings of time orientations, where past, present or future are important, where tradition or change is valued. It may be important to focus on external and internal experiences of roles. The expectations of various identity groups and the expectations of a person are frequently conflict areas in cross-cultural situations. Ultimately, the communication style itself in its verbal and non-verbal manifestations can be shared as content for discussion.

Important to any counseling relationship is a greater awareness of the processes of communication which are influenced by cultural norms and patterns of behavior, such as non-verbal and verbal narrations, assertions, questions, feelings, gesture, intonations, judgments, initiative, posture and listening behavior. It also helps to be aware of our ability

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to articulate, to recognize basic assumptions, driving forces, feelings, to review and accommodate to alternatives, to be aware of a decision-making process, to be aware of basic needs, conflicts, compromises, defenses, and of more than one self, to deliberate in forming judgments and controlling biases, and to lessen ethnocentrism by expanding awareness of environment beyond the boundaries of any one culture. The counselor's own perception and encouragement of the counselee's potential for growth as well as his own limitations for participation in that growth process are also important considerations in the process.

Through these communication patterns the personal qualities of the counselor are generally revealed in the process of communication. Counselees experience counselors as persons who communicate empathy, positive regard, genuineness, concreteness and self-exploration along the following dimensions: 1) empathy from being unaware of the clients most conspicuous feelings, to unerring response to a client's full range of feelings; 2) positive regard from giving advice and negative regard, to unconditional positive regard without restriction; 3) genuineness from the most artificial, to the most spontaneously open participation in the relationship; 4) concreteness from vague generalities, to the specific and immediate source of difficulty; 5) self-exploration from evading personally relevant material, to depth exploration.[4] Experiencing the counselor along these dimensions of personal characteristics provides the counselee with a role model for intercultural communications behavior.

Also important to the counseling process is that the counselee understand the alternative cognitive and experiential learning processes. Perhaps clarifying how learning takes place as a result of culture shock will aid this process. Learning involves change and movement. It is a highly personal experience of special significance. It becomes provocative thus causing introspection and self-examination. It has extreme ups and downs resulting in frustration, anxiety, and personal pain. It forces personal investigation of relationships. It forces behavioral experimentation and attitudinal ones and it presents unlimited opportunity for contrast and comparison.[5] The counselee and counselor can experience this learning process together and relate it to problem solving and personal growth. In order to do this they will need to learn directly from their social environment through observation and questioning, turning every situation into an opportunity for learning. The criteria of success are not external or even measurable but more frequently evidenced in the intangible relationships they are able to establish through intercultural communication with others.

Sometimes in the development of a genuine cross-cultural relationship the problem itself soon disappears. Sometimes becoming known lessens the anxiety of the discrepancy between the public and the private self. In a humanistic model of cross-cultural counseling self-disclosure provides a means by which alienation is transformed into self-actualization. A sharing of similarities found in basic needs and desires, and sharing non-judgmental perspectives of cultural value conflicts, often enables a genuine experiential learning of alternative communication styles and cultural values to take place.

In summary, intercultural counseling attempts to alleviate intercultural communication problems and problems of intercultural living by placing a greater emphasis on: 1) understanding of interaction processes (as contrasted with knowledge about foreign cultures); 2) empathetic awareness and understanding of the values, assumptions and attitudes of the host country people; 3) insight into the cultural basis of one's own values, assumptions and attitudes; 4) understanding and acceptance of roles called for in the society, and 5) skills or techniques which will promote success in these roles.[6] Hence, personal sensitivity and professional training are certainly important to the intercultural counselor, but ultimately his effectiveness as a helping person will depend on his ability to communicate across cultural boundaries.

FOOTNOTES

[1] Paul Pedersen et al., Intercultural Communication Workshops: A Handbook for a Plural Society, University of Minnesota (to be published in 1973).

[2] Howard P. Holladay, "The Value System - A False Prophet for Intercultural Communication", California State University at Los Angeles (an unpublished paper).

[3] Robert R. Carkhuff, Helping and Human Relations, Holt, Rinehart, and Winston, New York: 1969

[4] Berneson, Carkhuff and Myrus, Helping and Human Relations, Holt, Rinehart, and Winston, New York: 1966.

[5] Peter S. Adler, "Culture Shock and the Cross-Cultural Learning Experience," printed in Readings in Intercultural Communication, Volume II, Edited by David S. Hoopes, Regional Council for International Education, Pittsburgh: 1972.

[6] Roger DeCrow, "Cross-Cultural Interaction Skills: A Digest of Recent Training Literature," ERIC Clearinghouse on Adult Education, 1969, EDRS 029-159.

THE CROSS-CULTURAL STUDENT: LESSONS IN HUMAN NATURE

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"Stick to Your Own Kind, Maria!" is a message sung not only in West Side Story but by many persons who have experienced the role of cross-cultural student. And, "Stick to your own kind" may also be the village, city, state or national anthem for a good many of the citizens of the world. Those who are graced with the gift of an international perspective may try other verses, but it is the extraordinary human indeed who can meaningfully experience the brotherhood of his other colored brother or achieve an appreciative understanding of the people his own father loathed. We talk brotherhood, we talk melting pot, we talk ecumenically, we talk interracially, we picnic internationally, but when we love, we love our own kind.

During the last five years, the authors have been studying the nature of the lived-life experience of the international student. Details aside, we have been asking the question: "What does it feel like to study, work and live in another culture?" We have been particularly interested in interpersonal variables, especially in how often it really happens that an international student successfully bridges cultural barriers to achieve warm friendship and understanding, and in the personal qualities that are important in this task. In this paper, we will summarize some of our experiences talking with students from all over the world, emphasizing particularly East Asians enrolled at the University of Wisconsin and American students in East Asia.[1]

We can summarize what we have learned about foreign student-host relationships rather simply:

(a) International students associate most with fellow nationals; their warm, intimate, dependent, personally satisfying contacts are almost exclusively limited to their co-national group.

(b) Their relations with host country nationals rarely go beyond superficial pleasantries.

(c) They are rather discouraged about any prospects for deep cross-cultural friendships.

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[1] Questionnaires covering social relationships and other aspects of adaptation were given at enrollment to 59 students from 10 Asian and Far Eastern countries. Forty intensive interviews, with 30 students from Taiwan and Hong Kong were focused in detail on the students' campus life style. In addition 35 American students living in Taiwan were interviewed. Interviews with 10 of the 14 Ethiopian students on the Madison, Wisconsin campus support many of the same observations we have made of Far Easterners.

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The observation is puzzling, but its reality cannot be denied. Both from lengthy questionnaires and from detailed individual interviews given at intervals during the students' sojourns we found the majority of East Asian students questioned had failed to develop meaningful relationships with Americans and were disappointed with what they saw as the limitations of the American character that stood in the way of friendship. Even when students reported some American friends, these relationships turned out to be more apparent than real. They were superficial, limited to polite, uncommitted, undemanding-ungiving congeniality. Thus when we asked, "How many times during your sojourn in the United States have you found yourself powerfully moved by, tenderly responded to, well understood by, lovingly received by, close to, intimate with an American?" the answer in the majority of instances was, "Never, not even once!" And similarly, in our sample of approximately one-fourth of all the American students in Taiwan, this question brought forth essentially the same answer. In both cases this answer was not easy to give. Often it was accompanied by pain, embarrassment, or bitterness. East Asian students are, like East Asians in general, enormously polite. It is hard for them to speak critically of their hosts. It is equally hard for them to risk "losing face" by confronting the possibility that their own sense of inadequacy has contributed to the social isolation. And while the Americans are more outspoken, they share with the Asians the value that cross-cultural friendship is a "good thing"; the admission that they have failed to realize their ideals for inter-national exchange is difficult.

Some of these feelings were apparent even within our research team, which is composed equally of Americans and East Asians. Despite the fact that there are several warm and dear cross-cultural friendships within the research group:

(a) The Americans were genuinely astonished to find that the Asian research subjects found Americans to be unfriendly, unhospitable, and offering little possibility for friendship. The Americans were even more astonished to find their Asian colleagues saying in effect, "This doesn't surprise us, we knew it all along."

(b) The Asians on the research team were equally astonished when they learned that Americans studying abroad in Asia had the same reactions.

(c) We all learned that it is far more comfortable to take at face value the polite, face-saving assurances that all is well with the cross-cultural relationship and to believe the various rationalizations that people offer for their difficulty, than it is to face the fact that real cross-cultural friendships very rarely happen among international students in universities.

When cross-cultural friendships fail to materialize the sojourner's disappointment is especially acute because he has typically invested a great deal of effort into getting overseas in the first place, and because he usually had great hopes of being warmly received by host nationals. An international student is almost always a very special person. He has struggled long and hard in the home country to achieve the highest academic success. He works, plans, and sacrifices to come to the United States. When he finally arrives he is determined to succeed scholastically and he also wants success in his social encounters. He may have heard that others from his country had difficulties getting along with Americans, but more often than not he thinks that he can overcome them. Typically, however, after a short time, he will experience enough interpersonal disappointment or rejection to convince him that the advice, "Stick to your own kind, Maria!" is good advice. At this point he abandons the hope of relationships with Americans and takes up with old friends from the home country or forms new friendships with home country conationals. But since the hopes for intimacy with the host are not easily forgotten, and since there is a special sensitivity to rejection, there is often a great deal of bitterness and blame.

Many East Asians we interviewed had come to feel that Americans lacked spiritual values. They were seen to have a superficial, "marketing" personality that made it impossible for them to offer real friendship of the kind that East Asians expect from one another. And, in a surprising way, the Americans in Taiwan expressed approximately the same sentiment about their hosts. In the group of American couples we interviewed who had lived in Taiwan for four months to two and one-half years (averaging about one year), almost all had arrived with the hope of making Chinese friends, but not one of the couples shared a close friendship with a Chinese individual or couple. Only two of the American wives had close friendships with individual Chinese women, but these relationships did not include their mates. And, in the same group of eleven couples, eight felt that their closest, most intimate relationships were with other American couples. This insularity had developed despite the widespread value shared by the Americans abroad that it would be good to break out of the conational group. While there were some "reality" reasons offered such as difficulties in language, difficulties in transportation, preoccupation with studies (the same difficulties voiced by the East Asians in America), the most telling sentiments were: "impossible! It really can't happen. Oh, sometimes you see an American who behaves as if he had a close relationship, but when you get to know what's going on, he is usually pretending to have what he thinks he should have." Virtually the same statement was made by our Asian respondents.

The primary barriers to friendships between people of different cultures stem from differences in values. What is an admirable trait in one country may bespeak bad manners and bad upbringing in another. Implicit cultural differences in the definition of friendship and in what friends can expect from one another crucially influence the way host and visitor react to each other. Americans will make a "friend" while they are sharing some undertaking. When the undertaking ends, the friendship ends. Among East Asians friendship is "until death," and friends do many things together. For example, an American may invite someone to his home for dinner and mean by that invitation, "I would like you to come for dinner" (period!). For an East Asian, the invitation to dinner ordinarily means "This will be the beginning of a relationship that will have great meaning for both of us."

There are also differences in style that are easily misunderstood. Americans tend to come on strongly, offer a "big hello," become enthusiastic about the undertakings of the moment, think big, make plans, and then perhaps forget it all the next day. East Asians would say this is "superficial." Boldness, bragging about the self is, in the Oriental tradition, in extremely bad taste. Yet to Americans "Oriental style" restraint seems to present a frustrating lack of candor, and an unwillingness to say what is in one's mind. Differences in timing and pacing of interpersonal relationships are particularly crucial: Americans form relationships quickly, but young people especially expect to move in and out of relationships with few strings attached. East Asians think this is superficial and untrustworthy: "Americans seem like your best friend on Monday, and on Tuesday they don't even recognize you. They are nice only when they want something from you. Sometimes I think the thing they want is to appear to be very internationally minded." Surprisingly Americans overseas say very much the same thing: "When an Asian befriends you, you can be sure they want something from you. Maybe it will be a letter to help get his sister a job. Maybe it will be a request for you to help get his classmate into your school. They never extend their hand in friendship without right away planning to put the other hand out with some kind of request or another." "Stick to your own kind, Maria!"

The problem then goes beyond culturally-conditioned misunderstandings between host and guest, for inevitably the visitor's identity, pride and national loyalties become involved. If the visitor chooses to mingle with the people of the host country, he faces another problem; his conationals often regard cross-cultural relationships as a personal repudiation and as a rejection of the home country and its values. When the mingling involves the opposite sex, the perceived threat is great indeed. There have been instances when rather casual social contacts between East Asian boys and American girls (or vice versa) resulted in letters by conationals to the family of the East Asian, followed by letters, long-distance telephone calls, and telegrams from home demanding the student's immediate return. The solidarity of the conational minority whenever there is sufficient number to allow the establishment of a clear subculture, is great, and its persistence is to a certain extent, an enforced matter. The words, "Stick to your own kind, Maria!" could be elaborated: "Stick to your own kind, Maria, or else--if they don't kill you, we will!"

The phenomenon we have observed, both in the United States and in East Asia, is clear. It is perilously easy for the guests to gloss over, and for the host to overestimate, the amount and quality of cross-cultural relationships. Despite shared projects, shared picnics or, occasionally, shared rooms, most contacts fall far short of friendship. Even with increasing impetus for internationalization, and with pressures within the United States for the breaking down of barriers between different kinds of people, we find scant evidence of progress within what should be the most enlightened and tolerant segment of society, the university culture.

How much further does this problem go? We are uncertain, but our experience with international students makes us look to the notion of "national melting pots" with suspicion. The discrepancy between what had at first glance seemed to be close, personal contact between visiting students and their hosts, and what we found on closer examination makes us wonder: "Who loves the stranger?"

MENTAL HEALTH AND COUNSELING IDEAS OF ASIAN AND AMERICAN STUDENTS

Abe Arkoff, Falak Thaver, Leonard Elkind

The number of foreign students enrolled in American institutions has risen dramatically in recent years. In the academic year 1962-63, there were nearly 65,000 students representing 152 foreign countries, and this was nearly double the amount of a decade before (Holland, 1964). If present trends continue, there will be at least 100,000 foreign students studying in the United States by 1970 (Strain, Shak, Houlihan, Higbee, & Porter, 1962).

The college years - a time of great stress for many students - may be doubly so for students from foreign lands. In addition to the usual pressures of college, there may be a crucial language problem and the strain of accomodating quite unfamiliar patterns of thought, feeling and behavior. Then, ironically enough, having adapted perhaps too well to the American environment, some students have difficulty in re-adapting to their own.

Despite considerable recent concern, there is little systematic and organized data bearing on the adjustment problems of college students (King, 1964). And notably lacking is information in depth concerning the problems of the foreign student. Some workers in this area feel that the problems presented by such students are not special and that they may be understood and treated in conventional frameworks. This conclusion has been seriously questioned by other workers who feel that it is more comforting than correct.

The present paper which stems from earlier research (Thaver, Arkoff, & Elkind, 1964) attempts to throw light on one aspect of this problem. Specifically, it seeks to examine the ideas of mental health held by students of several Asian countries, compare these ideas with those of a comparable American student group and a group of American psychologists, and explore the consequences that such ideas have for counseling and psychotherapy.

Method

The subjects of the study included five groups of graduate students of the University of Hawaii's East-West Center: 24 Americans (8 males, 16 females), 19 Chinese (12 males, 7 females), 19 Filipinos (10 males, 9 females), 21 Japanese (13 males, 8 females), and 15 Thais (7 males, 8 females). Insofar as possible, the student groups were matched for age and educational background, and no student with a major interest in psychology was included. The ages of the students ranged from 22 to 32 years with a mean of 25.8 years, and the number of years of education subsequent to high school ranged from

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four to eight years with a mean of 5.0 years. A sixth group of subjects was made up of 20 male counseling and clinical psychologists; each member of this group held a Ph.D. degree and was a member of the Hawaii Psychological Association.

Each subject's conceptions of mental health were assessed through the use of a 60-item questionnaire devised by Nunnally (1961). The subject was asked to indicate his extent of agreement or disagreement with each item of the instrument making use of a seven-point scale. Through factor analysis, Nunnally found that the questionnaire represented 10 factors which were described as follows (in the present study the remaining items have been combined into an eleventh category):

I. Look and Act Different. The mentally ill are recognizably different in manner and appearance from normal persons. They have glassy eyes and small brains, laugh more than normal people, and pay little attention to their personal appearance.

II. Will Power. Will power is the basis of personal adjustment. Once adjustment is lost, the psychiatrist exercises his own will power to bolster the pateint's failing will. Persons who remain mentally ill do not "try" to get better. Most of the people who seek treatment do not need it, and those who do are not very worthwhile persons.

III. Sex Distinction. Women are more prone to mental disorder than men are. Women worry more than men and more often have "nervous breakdowns."

IV. Avoidance of Morbid Thoughts. Preoccupation with pleasant thoughts is the basis of mental health. Mental disturbances can be avoided by keeping busy, reading books on "peace of mind", and not discussing troublesome topics. Psychiatrists must have a good sense of humor. The psychiatrist recommends hobbies and other ways for the patient to occupy himself.

V. Guidance and Support. Mental Health can be maintained by depending on strong persons in the environment. The therapist explains to the patient the origin of his troubles and tells the patient where his ideas are incorrect. The mentally ill are persons who lacked affection in childhood.

VI. Hopelessness. There is little that can be done to cure a mental disorder. Few of the inmates of mental hospitals return to work in society. Psychiatrists cannot tell whether a condition is curable.

VII. Immediate External Environment vs. Personality Dynamics. The individual's state of mental health is dependent on the pressures in his immediate environment. Mental troubles are caused by physical exhaustion, financial and social problems. A cure can be effected by a vacation or change of scenery. The opposite point of view is that the individual's state of wellbeing is dependent on his personal history, especially his childhood.

VIII. Nonseriousness. Emotional difficulties are relatively unimportant problems that cause little damage to the individual. Good emotional habits are easy to develop and maintain. (This factor differs from the hopelessness factor in that hopelessness is concerned with the likelihood of recovery and the value of treatment, regardless of the extent to which the problems are damaging. To illustrate, an individual may have a disorder, such as an allergy, which would be hopeless in the sense of being incurable, but not serious in the sense of being debilitating.)

IX. *Age Function*. Persons become more susceptible to emotional disorders as they grow older - an apparent analogy with the increasing susceptibility to some of the "physical" disorders. Children are less affected by frightening experiences. Older persons are more prone to insanity and recover more slowly from "nervous breakdowns."

X. *Organic Causes*. Mental disorder is brought on by organic factors like poor diet and diseases of the nervous system. It is associated with physical symptoms like brain damage and can be cured by "physical" means (Nunnally, 1961, pp. 17-18).

Results

The mean item scores for the several groups of subjects on each factor of the questionnaire and for the questionnaire as a whole are presented in Table 1. Each item of the questionnaire was phrased so that high scores indicate agreement while low scores show disagreement.

The data of the investigation were further evaluated through an analysis of variance. Since sex as a variable was not controlled - the clinical group was composed entirely of males and the sexes were unequally represented in each of the student groups - a two-way analysis of variance was calculated for the latter groups through the technique of unweighted means. The sex interaction proved to be significant, but it was ordinal in nature, indicating that the relationship between the dependent variable and the experimental variables was not reversed; consequently, the scores of the separate sexes were combined within each ethnic group of subjects, and the scores of these groups and of the psychologists were treated by a simple analysis of variance. The results of this analysis appear in Table 2, and indicate that the difference in scores among the several groups is statistically significant.

In order to determine the locus of the differences, *t* tests were computed following the Tukey method (Winer, 1962). The results of this analysis are presented in Table 3. As the table indicates, there is no statistically significant difference in scores between the two American groups nor among the four Asian groups, but each of the American groups is significantly different from each of the Asian groups.

Discussion

The Asian students proved to be in greater agreement with the items of the questionnaire than the American students or psychologists. Although Nunnally felt that an acquiescence response-set or style was not an important influence in the populations with which he was dealing, such a set seemed operative among the foreign subjects of the present investigation and qualifies its results. Some earlier investigators have suggested that foreign students might be "more agreeable" in responding to inventory items and that "simple good manners" could lead such students to adjust their ideas to what might appear to be the ideas of their host (Milstein, Chunn & Dole, 1963). It may also be that the Asian subjects - probably less knowledgeable about psychology in general and mental health in particular - felt a greater neutrality or a lesser license to disagree with the items, while Americans felt a greater freedom and ability to express disagreement.

As the first table indicates, two of the areas of greatest discrepancy between Americans and Asians involved those items pertaining to "will power" and "morbid thoughts." American psychologists and students genrally rejected the notion that mental health could be enhanced through exercising will power, avoiding unpleasant thoughts, and occupying oneself with pleasant thoughts. Asian students, by contrast, tended to agree with these ideas.

These findings were consistent with some contrasts which have been made between Japanese and American psychotherapies. In Japan there has been less emphasis on pyschodynamics and less pursuit of the patient's thoughts and feelings (Caudill, 1959). There has been greater emphasis upon disengaging oneself from one's problems and occupying oneself with constructive pursuit - in fact, so much so that some Western observers have felt Oriental approaches to be overly suppressive and repressive (Kora & Sato, 1958).

Although the evidence is modest, an impression gained from scanning the individual items is that Asians more than Americans think of counseling or psychotherapy as a relatively authoritarian process. Consider this item as an example: "The good psychiatrist acts like a father to his patients." On the seven-point scale ranging from disagree to agree, American students were 2.33 (about the same as American psychologists) while Japanese, Thai, Chinese and Filipino students were at 4.14, 4.66, 4.78 and 5.47, respectively.

This finding was also consistent with other published observations. Japanese therapists, for example, have been held to be generally authoritarian in approach (Caudill, 1959) although the observation has been made that less authoritarian approaches may be necessary for the younger and more democratic generation (Tsushima, 1958). Much less has been written about therapy elsewhere in Asia. However, in a recent symposium on the personality of Filipinos, a psychiatrist of that country writes that his countrymen are both authoritarian and submissive to authority and that in dealing with them psychiatrists need to be "more active and directive" and "more paternalistic" (Varias, 1965).

A fact that must be kept in mind is that counseling and therpeutic facilities are much less developed and available in Asian countries. Furthermore, observers of Japan and the Philippines have made the point that in these countries there is a greater tolerance and acceptance of eccentric behavior (Caudill, 1959; Varias, 1965). It seems probable, therefore, that Asian students would be less likely to define a situation as a "problem" and less likely to think of obtaining assistance.

An over-all impression, then, is that the Asian student would be less knowledgeable about counseling and less ready to make use of counseling facilities. If he were involved in such processes, he would be more likely to expect the counselor to be a strong and authoritarian figure who would provide him with advice or a specific course of action. By contrast, the American student would be more likely to expect to explore his own thoughts and feelings and to pursue insight within a less authoritarian structure.

Although the discussion has dwelled upon the differences between Asian and American ideas, with the exception of the several areas which have been noted there appears to be a considerable amount of agreement in the two groups. Such a result suggests that Asians and Americans, by and large, be be in relatively good communication on matters pertaining to mental health. However, it must be remembered that subjects of the investigation were highly selected and educated, and it is possible that groups more representative of general populations would show considerably more discrepancy.

TABLE I

Mean Item Score for Each Factor of Mental-Health Questionnaire

Factor	Subjects					
	American Psychologists	American Students	Japanese Students	Filipino Students	Chinese Students	Thai Students
I. Look and act different	3.62	3.19	3.67	3.96	3.67	4.19
II. Will power	2.97	3.12	4.07	4.17	4.16	4.45
III. Sex distinction	3.53	3.72	3.10	4.32	3.98	3.25
IV. Avoidance of morbid thought	1.58	2.57	4.16	4.70	4.63	4.15
V. Guidance and support	3.07	3.28	3.29	4.08	4.07	3.84
VI. Hopelessness	3.36	3.49	3.73	3.99	4.02	3.67
VII. External causes vs. personality	4.70	4.09	4.42	5.31	5.01	4.84
VIII. Nonseriousness	3.67	3.73	4.12	4.06	4.06	4.43
IX. Age function	4.65	4.50	4.85	4.22	4.88	4.58
X. Organic causes	3.63	3.94	3.84	3.87	3.87	4.19
XI. Miscellaneous	3.57	3.60	4.06	4.07	4.40	4.38
Over-all	3.46	3.53	3.99	4.17	4.26	4.30

TABLE 2

Analysis of Over-All Mental-Health Questionnaire Scores for the Asian and American Respondents

Source	SS	df	MS	F	p
Treatment	49605.65	5	9921.13	19.57	$<$.01
Error	56773.11	112	506.90		

TABLE 3

Differences between pairs of Mean Over-All Mental-Health Questionnaire Score Tested by the Tukey Method for Unequal Means

		American Psychologists	American Students	Japanese Students	Filipino Students	Chinese Students	Thai Students
	Mean	208.11	212.12	239.95	250.63	255.73	258.40
American Psychologists N=20	208.11	--	4.01	31.85**	42.53**	47.63**	50.30**
American Students N=24	212.12		--	27.83**	38.11**	43.61**	47.28**
Japanese Students N=21	239.95			--	10.68	15.78	18.45
Filipino Students N=19	250.63				--	5.10	7.77
Chinese Students N=19	255.73					--	3.40
Thai Students	258.40						--

**p $<$ .01.

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CULTURE GROUPS IN AMERICAN SOCIETY

MEXICAN-AMERICAN BILINGUALISM AND THE PERCEPTION OF MENTAL ILLNESS

Robert B. Edgerton, PhD, and Marvin Karno, MD

It was in 1928 that Edward Sapir noted that persons who speak different languages live in different worlds, not the same world with different labels attached. More than 50 years of research in bilingualism on the relation of language to culture has produced a set of complex and contradictory findings which have led to lively disagreement regarding the effects of bilingualism on cognitive and perceptual processes as well as on attitudes and values.[1-2] Therefore, while it is generally accepted that the language one speaks affects the way in which the environment is perceived, valued, and spoken about, the extent and direction of these influences are by no means demonstrated.

Most of the nearly 750,000 Mexican-Americans in Los Angeles County today are largely bilingual. However, for the most part, Spanish remains the language of childhood, of the family and therefore of emotion, while English, on the other hand, is the language of the school, the job, and the alien, "Anglo" world. This communication will explore some of the relationships between this bilingualism and attitudes toward mental illness. The research reported here was conducted in two subcommunities of the larger east Los Angeles area - Belvedere and Lincoln Heights. The major research effort was devoted to a systematic household interview which was administered to Anglo and Mexican-American residents of these two east Los Angeles communities. This survey was designed to gather quantitative data concerning perceptions and definitions of, and attitudes toward mental illness which could be compared across the two communities. (Simultaneously, ethnographic field studies were carried out in the same two communities in an effort to obtain additional qualitative information and to lend a sense of social and historical context to the interview responses). The survey was developed and pretested over a year's time. The final version was 18 pages in length, including approximately 200 questions involving biographic, demographic, and attitudinal information, in addition to a variety of items that dealt explicitly with mental illness. The core of these mental illness items was formed by eight short vignettes that, in everyday language, described persons who were depicted as suffering from what psychiatrists generally consider to be psychiatric disorders. Five of these vignettes were most important: (1) paranoid behavior in an adult male, (2) severe depression in a middle-aged woman, (3) interpersonal conflict in a married couple, (4) an acute schizophrenic reaction in a teen-aged girl, and (5) aggressive delinquent behavior in a teen-aged boy.

The interviews were carried out in either English or Spanish depending upon the preference of the respondent. All interviewers were fluently bilingual. Of the 444 Mexican-Americans interviewed, 260 (approximately 60%) took the interview in Spanish. A block sampling design within each community was employed for the random selection of households, and within households, adult members were selected as respondents by a random probability technique. The interview was not identified to the respondent as dealing with either health or mental health; instead, it was identified

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as a university-based study which was concerned with the kinds of problems that can arise in all people's lives. (The first question to deal with mental illness, or apparent mental illness, did not occur until halfway through the interview.) Interviews lasted between one and two hours, the rapport was typically good, and the refusal rate was well within acceptable limits.[3]

Background of the Problem

Our original interest in this research was an effort to determine whether the widespread under representation of Mexican-Americans in both private and public psychiatric treatment facilities throughout the southwestern states could be related to differences in their perceptions of, or attitude toward, mental illness. Consequently, we compared the responses of 444 Mexican-Americans with 224 Anglo-Americans who were also residents of East Los Angeles. As indicated in an earlier report, this comparison between the attitudes of Anglo-Americans and Mexican-Americans indicated that there were remarkably few differences between the two populations.[3] The two populations perceived the same behaviors as being evidence of mental illness, and their attitudes toward such behaviors was remarkably consistent. However, while Mexican-Americans as a group only rarely differed significantly from the Anglo-Americans as a group, it was apparent that there were some marked differences among the 444 Mexican-Americans whom we interviewed.

Consequently we searched for variables which would permit us to discriminate among these Mexican-American respondents with regard of, or attitude toward, mental illness. For example, we examined such variables as age, sex, religion, education, occupation, not to mention certain beliefs regarding the etiology of mental illness (eg, that mental illness is caused by sin), and the treatment of mental illness (eg, that the most effective treatment for mental illness is prayer). When we attempted to relate each of these variables to responses concerning mental illness, we found that these relationships were characteristically few and small, seldom approaching statistical significance. What is more, when these variables were inter-correlated, it was discovered that the relationships between them were typically weak.

We also combined a number of these variables in an effort to increase the number of mental illness related response differences, as well as the magnitude of these differences. When this was attempted, that combination of variables which produced the largest number of statistically significant relationships to mental illness responses was this: all of those persons who were born in the United States, educated nine or more years, and took the interview in English, versus those persons who were born in Mexico, educated eight years or fewer, and took the interview in Spanish. This combination of variables clearly represents a contrast in acculturation (as reflected in education and place of birth) as well as a difference in language usage, and as such it was a potent predictor of response to mental illness questions. To our surprise, however, there was a still more discriminating comparison. In fact, by far the best predictor among all possible variables was simply the language in which the respondent took the interview. And since our goal was to discover that variable or combination of variables which would best discriminate among these 444 Mexican-Americans with regard to their answers to our questions about mental illness, we shall report here the response differences that were noted when Mexican-American respondents were divided into those who took the interview in Spanish and those who took the interview in English.

Language of the Interview and Its Relationship

Although there were not statistically significant differences between men and women in their choice of Spanish or English, there were differences in the ages of the two groups, with those who were younger being more likely to answer in English, and those who were older (particularly those over 57) more likely to take the interview in Spanish. There was also a clear difference in the place of birth, with 81% of those taking the interview in English being born in Los Angeles, and 77% of those who took the interview in Spanish being born in Mexico. This difference also extended to education, with 70% of those who chose Spanish having eight or fewer years of schooling, and 65% of those who chose English having more than eight years of education. There was another difference with regard to expressed fluency in either language; those who took the interview in English, with very few exceptions, characterized their normal language usage as bilingual. Of those who took the interview in Spanish, more than 66% characterized themselves as speaking Spanish "only or mainly"; fewer than 33% characterized themselves as "bilingual."

For persons in each language category, Spanish and English, there was substantial unemployment. For example, 22% of those respondents who took the interview in English said that the head of household in their family was unemployed. Among those who took the interview in Spanish this figure was 41%, the larger percentage being largely a product of the fact that 17% of these heads of household were retired. There were also differences with regard to church attendance and the importance of religion. Those who took the interview in Spanish said that religion was more important in their lives than did those who took the interview in English; in addition, their church attendance was more frequent, with 63% of the Spanish language respondents attending church once a week or more, opposed to 37% among the English respondents.

Despite these sizable differences between English and Spanish speaking respondents, there was remarkable agreement among them when attitudes toward Spanish and English as languages were examined. For example, when asked whether a child should learn to speak Spanish well, 90% of those who took the interview in Spanish said emphatically "yes," but 95% of those who took the interview in English gave the same answer. Similarly, virtually all respondents rejected the idea that their children should learn to read and write only in English, insisting instead that they also become literate in Spanish. When asked whether children should speak English in the home before going to school, 83% of those who chose Spanish answered affirmatively and so did 90% of those who chose English. These findings suggest that while these two populations differ with regard to their knowledge of English, or their comfort in its use, they share the belief that their children should learn to live as bilinguals.[4-5]

When we examined the expressed language behavior of our respondents, however, it was abundantly clear that these adults did not participate equally in a bilingual world. Those who took the interview in English tended to live in a world in which English was far more important, whereas those who took the interview in Spanish lived in what was very largely a Spanish language environment. For example, the English speakers listened to the radio in English and watched English language television programs, but those who took the interview in Spanish typically listened to Spanish radio programs (these are available not only from Mexican stations but from a number of local Los Angeles stations) and they regularly watched Spanish langauge television programs. For example, 51% of those who took the interview in Spanish said that they watched channel 34 (an all Spanish language television channel presenting a variety of programming) "everyday or almost everyday." Only 15% of the English speakers watched channel 34 this often. Although there were no differences between the two populations with regard to the motion picture entertainment that they sought out (very few attended motion pictures and when they did, these films were primarily in English), there were substantial differences with regard to what they read. For example, 75% of those who took the interview in English read an English language newspaper, "daily or almost daily"; only 36% of the Spanish speakers did the same. On the other hand, whereas 5% of the English speakers read a Spanish newspaper, 34% of the Spanish speakers read such a paper "daily or almost daily.' What is more, although neither population reads magazines with great frequency (37% of the English speakers and 50% of the Spanish speakers said that they "never or almost never" read a magazine), there was a considerable difference with regard to the reading of religious magazines. Such magazines were never read by the English speakers, but 17% of those who took the interview in Spanish read such magazines "frequently."

It would appear then, that these respondents lived a far greater percentage of their lives in one language than the other - they listened to, spoke, and were more comfortable in either Spanish or English, not both. The question at issue is whether persons who live in different worlds of language also live in different worlds with regard to mental illness.[5] It is again apparent, as it was when we compared Mexican-American responses with Anglo-American responses, that there was a considerable degree of similarity between the mental illness responses of those who took the interview in English and those who took it in Spanish. For example, there were no differences with regard to their attitudes toward severe paranoia nor with regard to their attitudes toward marital conflict. What is perhaps more surprising, there were no differences between them regarding the nature or severity of problem behavior involving narcotics. What is more, the English and Spanish speakers agreed entirely in their attitudes toward the effectiveness of psychiatric treatment and the curability of mental illness in general.

Despite the fact that in over 75% of the responses concerning mental illness there were no statistically significant differences between those persons who chose to take the interview in English and those who chose to take it in Spanish, there were some differences that merit our attention. We shall discuss these differences under six general headings.

Depression

On the basis of our reading of the literature on Mexican-American and Mexican family structure, we had anticipated that the role of the elderly, particularly the role of the aging mother, was such that the Mexican-Americans would regard involutional depression as a more serious matter than would Anglo-Americans, and indeed, that appeared to be the case. For those who took the interview in English (here, we make the assumption that these people were less involved with the culture of Mexico than those who took the interview in Spanish) involutional depression was seen as being less serious than it was by those who took the interview in Spanish.

The vignette to which these responses were made is produced below:

> Mrs. (Brown) (Gonzalez) is nearly 50, has a nice home and her husband has a good job. She used to be full of life, an active busy woman with a large family. Her children are now grown and in recent months she has changed. She sits and broods for hours, blames herself for all kinds of bad things she thinks she has done, and talks about what a terrible person she is. She has lost interest in all the things she used to enjoy, cannot sleep, has no appetite, and paces up and down the house for hours.

Although both populations agreed that the woman whom we described as a depressive mother was "sick," the English speakers far more often saw the source of her sickness as "loneliness," whereas the Spanish speakers described her as suffering from a "nervous" condition.

Delinquency

We had anticipated that those persons who most closely identified with Mexican-American culture would be more tolerant of Mexican-American gang activity than those who more closely identified themselves with Anglo-American culture.

The vignette we presented is given below:

> Ken (Marcos) is only 15 but has been in an awful lot of trouble. He looks for fights, has a terrible temper, and stays away from school. His older brothers are married and settled down and never got in trouble like Ken. He's been arrested for car theft and there have been knifings in his gang and he's been in juvenile hall and at probation camp. His parents are worried but don't know what to do because he never wants to talk to them and is almost never home.

The responses to this vignette did not conform to our expectations. Instead, those who took the interview in English were more tolerant of this delinquent than those who took the interview in Spanish. What is more, when asked what should be done about young men who engaged in such activities, we found that the English speakers said that these delinquent boys needed either love from their parents or help from a psychiatrist; on the other hand, those who took the interview in Spanish said that what was called for was the intervention of the police, or harsher discipline on the part of the parents. And when respondents were asked if an emotional problem were involved in the behavior of the delinquent boys (un problema emocional) the English speakers generally said "yes" and the Spanish speakers generally said "no." What is more, these differences were maintained even when the greater age of the Spanish speaking respondents was controlled for, so that we cannot conclude that this is merely an age-related difference. The difference was this: English speakers saw the cause of delinquency in the parent-child interaction; the Spanish speakers held that the child was primarily at fault.

Schizophrenia

We had anticipated that the more Mexican the orientation of the respondent, the greater would be his fear of and aversion toward the behavior that characterizes schizophrenia. The findings in this regard are equivocal, but there is at least one distinction that bears notice. When presented with the following vignette describing the behavior of a 17-year-old girl in her last year of high school, Mexican-Americans - whether they took the interview in English or in Spanish - agreed that this girl had a problem and that it was serious.

> Jane (Walker) (Mendez) is 17 and in her last year of high school. She has always been a moody girl and has never gotten along well with people. A few months ago she began to cry all the time and to act very afraid of everyday things. She has stopped going to school and stays at home. She screams at her parents and a lot of the time doesn't make any sense at all. She has talked about hearing voices talking to her and thinks that she is really somebody else than herself.

Further, they agreed that something should be done about this problem and that it was a kind of "sickness." However, they disagreed with respect to the way in which they spoke of this sickness. As we noted in an earlier paper,[3] Anglo-Americans confronted by this same vignette referred to the girl as suffering from a "mental" illness, whereas Mexican-Americans in general referred to her condition as a "nervous" problem. When the two language categories among the Mexican-American respondents were compared, this difference continued; those who took the interview in English referred to her illness as "mental" and those who took the interview in Spanish referred to "nerves" ($P < 0.001$).

Inheritance of Mental Illness

When asked whether or not they believed that mental illness is often inherited, Mexican-American respondents differed most dramatically when compared by language of choice. Of those who took the interview in English, 58% said "no," and only 27% said "yes"; of those who took the interview in Spanish, 64% said "yes, mental illness is often inherited," and only 23% said "no." Without here judging the relative correctness of these answers in light of recent psychiatric research, we would note that the belief in the inheritance of mental illness is probably more characteristic of Mexican "folk culture" than it is of modern Anglo-American culture.[5-15]

Treatment of Mental Illness

As mentioned before, the two language groups were in agreement with regard to the effectiveness of various psychiatric and nonpsychiatric forms of treatment for mental illness. In one area, however, they disagreed dramatically. That area concerned the effectiveness of prayer. Having already noted that those respondents who took the interview in Spanish were seemingly more involved with religious activities than those who took the interview in English, it comes as no surprise that those who took the interview in Spanish believed prayer to be far more efficacious than did the English speakers (of the Spanish respondents, 84% said that prayer could "cure" mental illness; only 15% of the English respondents agreed). We would again note that belief in prayer as an effective treatment for mental illness is far more characteristic of Mexican "folk culture" than it is of modern Anglo-American culture.

Role of the Family

There is agreement in the literature on rural Mexico and on Mexican-Americans in the United States that a major focus in these cultures is familism - a basic value orientation toward intimacy, integration, and enduring relationships within the family. Thus, in the Mexican-American family there has been reported to be a strong pressure for a family (or extended family) to solve its own problems, especially its emotional problems, within a family context.[5-15] Family solidarity with regard to the treatment of emotional disorders was strongly confirmed by our findings. Thus, those who took the interview in English agreed with the Anglo-Americans that a mentally ill person would not best recover from his illness by staying with his family. On the contrary, those who took the interview in Spanish disagreed, saying that the recovery would best be effected if such a person could remain with his family. Should this finding prove to be generalized, it could have considerable significance for an understanding of the reluctance of some Mexican-Americans to expose a family member to psychiatric treatment, should it be thought that such treatment would require hospitalization or some other form of separation from his family.

If the psychiatrist is to understand this familistic orientation, he must be aware that family solidarity is not merely a cultural commitment, but a psychological one as well. But he must also understand that Spanish is the language of the family and thus of intimacy. The switch from this language to the more formal and impersonal idiom of English - even should the patient and his relatives be linguistically capable of such a switch - may well defeat any effort by the psychiatrist to enter the affective world of his patient.

Conclusions

Responses given by 444 Mexican-Americans in East Los Angeles to a household survey interview of beliefs and perceptions of mental illness were, in general, not very different from those given by 224 Anglo-Americans, but within the Mexican-American group there were some significant differences. The most potent variable in predicting such variation in responses was the language in which the respondent took the interview.

The 260 Mexican-Americans who took the interview in Spanish, differed from the 184 Mexican-Americans who took the interview in English in six response categories: (1) depression, (2) juvenile delinquency, (3) schizophrenia, (4) the inheritance of mental disease, (5) the effectiveness of prayer, and (6) familistic orientation.

These differences suggest that, at least in east Los Angeles, the more commonly described cultural traits of Mexican-Americans - eg, fatalism, familism, strong attachment to formal religious values, patriarchal authoritarianism, and conservative morality regarding deviant behavior - are applicable (and even then with many exceptions and qualifications) only to those persons who speak mainly or only Spanish, and secondarily, to those who were also born in Mexico, and educated eight or fewer years.

In east Los Angeles, Mexican-Americans who speak mainly or only

Spanish reflect the above-mentioned characteristics in their perceptions of mental illness, and in so doing, differ meaningfully from those who are bilingual or mainly monolingual in English. The latter tend to have been born in the United States and have had nine or more years of formal education. Their language usage expresses their acculturation, and they are essentially indistinguishable from Anglo-Americans in their perception of mental illness.

Our data make any clear separation of language and culture quite meaningless. However, we can conclude that language usage and attitudes toward mental illness are related and that both reflect cultural distinctions with lasting psychological involvements. Our findings point to the need for mental health professionals who possess both fluency in Spanish and sensitive understanding of the culture of the Mexican-American poor.

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COUNSELING CHINESE-AMERICANS

Derald Wing Sue

Stanley Sue

Many people believe that the Chinese in America represent a model minority group. Unlike the blacks and Chicanos, the Chinese have tried to function in the existing social structure with a minimum of visible conflict with members of the host society. Historically, they have accepted much prejudice and discrimination without voicing strong public protest (DeVos & Abbott, 1966). Their traditional nonthreatening stance and the public's lack of knowledge about Chinese people have masked their problems of poverty, unemployment, and juvenile delinquency. The notion that Chinese people experience few problems in American society is also shared by many educators, counselors, and mental health workers. The Chinese-Americans' strong emphasis on educational achievement (DeVos & Abbott, 1966), their custom of handling problems within the family, and their limited use of mental health facilities (Kimmich, 1960; Kitano, 1969) have reinforced this misconception.

Since many Chinese-American college students find it difficult to label themselves as having emotional problems, they tend to under-use psychiatric facilities on campuses when they encounter personal problems (Sue & Sue, 1971). Rather, they often seek the less threatening services of campus counseling centers with an educational-vocational orientation, because they feel that less social stigma is involved. It is especially important for guidance workers to understand the Chinese-American students' cultural background and the conflicts they experience. These cultural influences may, in fact, hinder the development of a therapeutic relationship between counselor and client. However, very few counselors know enough about the Chinese-Americans' background to understand their reaction to the counseling-therapy situation. An examination of Chinese culture and family interaction patterns suggests that the counseling situation may cause a great deal of conflict for many Chinese-American students.

<ins>Chinese Culture and Personality</ins> Although the Chinese family in America is changing, it still retains many of the cultural values from its past (DeVos & Abbott, 1966). The Chinese family is an ancient and complex institution, and the roles of family members have long been rigidly defined. Chinese are taught to obey parents, to respect elders, and to create a good family name by outstanding achievement in some aspect of life, for example, by academic or occupational success. Since misbehaviors (juvenile delinquency, academic failure, and mental disorders) reflect upon the entire family, an individual learns that his behavior has great significance. If he has feelings whose expression might disrupt family harmony, he is expected to restrain himself. Indeed, the Chinese culture highly values self-control and inhibition of strong feelings (Abbott, 1970).

Sue and Kirk (1972, in press) found that the personality traits of Chinese-American students reflect this family and cultural background.

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The investigators studied the entire entering freshman class in the fall of 1966, at the University of California in Berkeley. Chinese-American students seemed to be more conforming to authority, inhibited, and introverted than the general student body. They also tended to be more practical in their approach to tasks and to be less tolerant of ambiguity, preferring to deal with concrete facts and events. Although their quantitative skills appeared high, their verbal scores were lower than that of the general student body, perhaps reflecting a bilingual background and limited communication patterns in the home.

The Acculturation Process - The Chinese individual in America is in a position of conflict between the pulls of both his cultural background and the Western values he is exposed to in school and by the mass media. American values emphasizing spontaneity, assertiveness, and independence are often at odds with many Chinese values. As Chinese people progressively adopt more of the values and standards of the larger community as their own, the transition is not always smooth. Indeed, culture conflict seems to be an intimate part of the Asian-American experience.

It is our impression that Chinese students do not react in any stereotyped manner to culture conflict (Sue & Sue, 1971), but we have most frequently observed three main types of reaction. Some tend to resist assimilation by maintaining traditional values and by associating predominantly with other Chinese. Others try to become assimilated into the dominant culture by rejecting their Chinese culture. The Asian-American movement on college campuses has attracted yet another group of students by stressing pride in racial identity.

Obviously, each Chinese student does not fall neatly into one of the three groups, and there are quantitative differences in the types of conflicts exhibited in counseling situations, depending upon the cultural orientation of individuals. To illustrate the many conflicts experienced by Chinese-American students in their personal life and in their reactions to counseling, in this article we will use case descriptions of clients we have seen for counseling. We have taken care to insure the anonymity of all case materials.

Maintaining Traditional Values - John C. is a 21-year-old student majoring in electrical engineering. He first sought counseling because he was having increasing study problems and was receiving failing grades. These academic difficulties became apparent during the first quarter of his senior year and were accompanied by headaches, indigestion, and insomnia. Since he had been an excellent student in the past, John felt that his lowered academic performance was caused by illness. However, a medical examination failed to reveal any organic disorder.

During the initial interview, John seemed depressed and anxious. He was difficult to counsel because he would respond to inquiries with short but polite statements and would seldom volunteer information about himself. He avoided any statements that involved feelings and presented his problem as a strictly educational one. Although he never expressed it directly, John seemed to doubt the value of counseling and needed much reassurance and feedback about his performance in the interview. In view of John's reluctance to open up, it seemed unwise to probe immediately into areas that aroused much anxiety in him.

As the sessions progressed, John became less anxious and more trusting of the counselor. Much of his earlier difficulties in opening up were caused by his feelings of shame and guilt at having come to a counselor. He was concerned that his family might discover his seeking of help and that it would be a disgrace to them. This anxiety was compounded by his strong feelings of failure in school. However, when the counselor informed him that many Chinese students experienced similar problems and that these sessions were completely confidential, John seemed quite relieved. As he became increasingly able to open up, he revealed problems such as we have found are typical of Chinese students who have strongly internalized traditional cultural values and whose self-worth and identity are defined within the family nexus.

John's parents had always had high expectations of him and constantly pressured him to do well in school. They seemed to equate his personal worth with his ability to obtain good grades. This pressure caused him to spend endless hours studying, and generally he remained isolated from social activities. This isolation did not help him to learn the social skills required in peer relationships. In addition, John's more formalized training was in sharp contrast to the informality and spontaneity demanded in Caucasian interpersonal relationships. Therefore, his circle of friends was small, and he was never really able to enjoy himself with others.

John experienced a lot of conflict,because he was beginning to resent the pressure his parents put on him, and also their demands. For example, they stated that it would be nice if he would help his brothers through school after graduation. This statement aroused a great amount of unexpressed anger in John toward them. He felt unable to lead his own life. Furthermore, his lack of interest in engineering was intensified as graduation approached. He had always harbored secret wishes about becoming an artist but was pressured into engineering by his parents. His deep-seated feelings of anger toward his parents resulted in his passive-aggressive responses of failure in school and in his physical symptoms.

The case of John C. illustrates some of the following conflicts encountered by many Chinese students attempting to maintain traditional Chinese values: (a) there is often a conflict between loyalty to the family and personal desires for independence; (b) the learned patterns of self-restraint and formality in interpersonal relationships often result in a lack of social experience and subsequent feelings of loneliness, and furthermore, they can act as impediments to counseling; (c) the family pressure to achieve academically accentuates feelings of shame and depression when the student fails.

Rejecting Chinese Customs - Many Chinese-Americans attempt to become Westernized and reject traditional Chinese customs. Vontress (1970) points out that many blacks develop a hatred of their own group and culture, and many Chinese counselees experience a similar type of conflict, especially in their social life. It is typified in the following counseling interchange.

Counselor: You seem to prefer dating Caucasians . . .

Client: Well . . . It's so stupid for my parents to think that they can keep all their customs and values. I really resent being Chinese and having to date all those Chinese guys. They're so passive, and I can make them do almost anything I want. Others (Chinese) are on a big ego trip and expect me to be passive and do whatever they say. Yes . . . I do prefer Caucasians.

Counselor: Is that an alternative open to you?

Client: Yes . . . but my parents would feel hurt...they'd probably disown me. They keep on telling me to go out with Chinese guys. A few months ago they got me to go out with this guy--I must have been the first girl he ever dated--I wasn't even polite to him.

Counselor: I guess things were doubly bad. You didn't like the guy and you didn't like your parents pushing him on you.

Client: Well . . . actually I felt a little sorry for him. I don't like to hurt my parents or those (Chinese) guys, but things always work out that way.

The client's last statement reflected some feelings of guilt over her rudeness toward her date. Although she was open and honest, her desire to be independent was confused with a constant rejection of her parents' attempts to influence her life. During a later session, she was able to express her conflict:

Client: I used to think that I was being independent if I went out with guys that my parents disapproved of. But that isn't really being independent. I just did that to spite them. I guess I should feel guilty if I purposely hurt them, but not if I really want to do something for myself.

Although the rejection of Chinese culture is often a developmental phase adequately resolved by most Chinese-Americans, many come to look upon Western personality characteristics as more admirable. For example, some Chinese-American girls come to expect the boys they date to behave boldly and aggressively in the Western manner. Weiss (1969) found that many Chinese-American college females were quite vehement in their denunciation of their male counterparts as dating partners. They frequently described the Chinese male as immature, inept, and sexually unattractive. Although the males denied the more derogatory accusations about themselves, they tended to agree that they were more inhibited and unassertive than Caucasians.

The Asian-American Movement - Recently, a growing number of Chinese students on college campuses throughout the nation are, like the blacks and Chicanos, emphasizing their own heritage, pride, and self-identity. They feel that the role of a conforming "banana" (a derogatory term used to describe a person of Asian ancestry who is "yellow on the outside but white on the inside") is too degrading. In an attempt to gain the self-respect they feel has been denied them by white society, they have banded together in an attempt to reverse the negative trend of bananaism among their own group. This group of individuals seem much more aware of political, economic, and social forces that have shaped their identity. They feel that society is to blame for their present dilemma and are actively challenging the establishment. They are openly suspicious of institutions, such as counseling services, because they view them as agents of the establishment. Very few of the more ethnically conscious and militant Asians will use counseling--because of its identification with the status quo. When they do, they are usually suspicious and hostile toward the counselor. Before counseling can proceed effectively, the counselor will have to deal with certain challenges from these students, such as the following:

Client: First of all . . . I don't believe in psychology. . . . I think it's a lot of bullshit. People in psychology are always trying to adjust people to a sick society, and what is needed is to over-throw this goddammed establishment. . . . I feel the same way about those stupid tests. Cultural bias . . . they aren't applicable to minorities. The only reason I came in here was . . . well, I heard your lecture in Psychology 160 (a lecture on Asian-Americans), and I think I can work with you.

The counselee in this case happened to be hostile and depressed over the recent death of his father. Although he realized he had some need for help, he still did not trust the counseling process.

Client: Psychologists see the problem inside of people when the problem is in society. Don't you think white society has made all minorities feel inferior and degraded?

Counselor: I know that. White society has done great harm to minorities.

The client was posing a direct challenge to the counselor. Any defense of white society or explanations of the value of counseling might have aroused greater hostility and mistrust. It would have been extremely difficult to establish rapport without some honest agreement on the racist nature of American society. Later, the counselee revealed that his father had just died. He was beginning to realize that there was no contradiction in viewing society as being racist and in having personal problems.

Often, growing pride in self-identity makes it difficult for students who are having emotional problems to accept their personal difficulties. This is not to say that militance and group pride are signs of maladjustment. On the contrary, the Asian-American movement is a healthy attempt to resolve feelings of inferiority and degradation fostered by discrimination and prejudice.

The Counseling Process as a Source of Conflict - Chinese students are often caught between the demands of two cultures, but individuals react differently to this conflict. The counseling situation reflects the cultural conflicts encountered by Chinese students in their everyday life.

First, counselors and other mental health professionals are often at a loss to explain why Chinese counselees do not actively participate in the counseling process. Our colleagues have remarked that Chinese students are difficult to counsel because they repress emotional conflicts. These remarks indicate that counselors expect their counselees to exhibit some degree of openness, psychological-mindedness, or sophistication. Such characteristics are often beneficial in counseling. However, openness is quite difficult for many Chinese students who have learned to inhibit emotional expression, and direct or subtle demands by the counselor for openness may be quite threatening to them.

Second, Chinese students frequently find it difficult to admit they have emotional difficulties, because such problems arouse a great deal of shame and a sense of having failed one's family. Often, Chinese students may indirectly ask for help with personal difficulties by presenting educational problems or somatic complaints. Some investigators (Abbott, 1970; Marsella, Kinzie, & Gordon, 1971) feel that Chinese frequently express psychological distress through indirect routes, such as bodily complaints and passive-aggressive responses. Since emotional problems are felt to reflect shamefully on family upbringing, somatization could represent a more acceptable means of expressing psychological disturbance. Such was the case of John C.

Third, the counseling or therapy situation is often an ambiguous one. The counselee is encouraged to discuss any problems; the counselor listens and responds. Many Chinese students prefer concrete and well-structured situations, and the well-defined role expectations in the Chinese family are in sharp contrast to the ambiguity of the counseling process.

Implication for the Counseling Process - Just as it is unwise to suggest definite guidelines in dealing with all Chinese-Americans in counseling, it seems equally unwise to ignore cultural factors that might affect the counseling process. The counselor's inability to recognize these factors may make the Chinese counselee terminate prematurely. The difficulty in admitting social and emotional problems despite a need for help places the Chinese-American in an intense conflict. A too-confrontive and emotionally intense approach at the onset of counseling can frequently increase the level of shame. The counselor may facilitate counseling by responding to what may be viewed as superficial problems, such as the educational difficulties and somatic complaints that may mask more serious emotional conflicts. The counselee is then in a position to move at his own rate in exploring more threatening material.

In addition, the counselor can often facilitate self-disclosure by referring to psychological material relevant to vocational choice or job demands. For example, test interpretation can be threatening to the Chinese student, especially when psychological problems are involved. Many students are able to talk more freely about their difficulties if test interpretations are related concretely to their vocational future. Therefore, counselors involved in vocational decision-making may be in an advantageous position not shared by other mental health professionals, as the following case illustrates.

Pat H. was a 19-year-old pre-pharmacy major who came for vocational counseling. Since he was the eldest of three boys, his parents had high expectations of him. He was expected to set a good example for his younger brothers and enhance the good name of the family. Because his grades were mediocre, he was beginning to doubt his ability to handle pharmacy. However, results of his interest and ability tests and his counselor's impressions supported his choice of the pharmacy major. The counselor felt that his difficulty in courses reflected passive resistance to his parents' high expectations of him for being the oldest son.

On his Edwards Personal Preferences Schedule, Pat showed high achievement, change, and abasement scores. Earlier attempts to explore his feelings dealing with parental expectations proved fruitless. However, the following transcript demonstrates how testing was used to open up exploration in a nonthreatening manner.

Counselor: Let's explore the meaning of your scores in greater detail as they relate to future vocations. All right?

Client: Okay.

Counselor: Your high score on achievement indicates that whatever you undertake you would like to excel and do well in. For example, if you enter pharmacy, you'd like to do well in that field [client nods head]. However, your high change score indicates that you like variety and change. . . . You may tend to get restless at times . . . maybe feel trapped in activities that bore you.

Client: Yeah.

Counselor: Do you see this score [abasement score]?

Client: Yeah, I blew the scale on that one. . . . What is it? [some anxiety observable]

Counselor: Well, it indicates you tend to be hard on yourself. . . . For example, if you were to do poorly in pharmacy school . . . you would blame yourself for the failure . . .

Client: Yeah, yeah . . . I'm always doing that. . . . I feel that . . . it's probably exaggerated.

Counselor: Exaggerated?

Client: I mean . . . being the oldest son.

Counselor: What's it like to be the oldest son?

Client: Well . . . there's a lot of pressure and you can feel immobilized. Maybe this score [points to change scale] is why I feel so restless.

This progression marked a major breakthrough in Pat's case and led to an increasingly personalized discussion.

The difficulty in self-disclosure for Chinese-American students indicates that assurances of confidentiality between counselor and counselee are of utmost importance. A frequent concern of many Chinese-American students is that their friends, and especially their parents, will find out that they are seeing a counselor. For this reason, group counseling or therapy is very threatening. It is difficult enough to share their thoughts with one individual, let alone an entire group. Chinese students frequently refuse to participate in groups, and when in a group, they are often quiet and withdrawn. It may be wise to discuss the issue of confidentiality, the feelings of trust and mistrust in one another, and the cultural barriers in talking about feelings. We have found that many Chinese-American counselees are able to open up and express feelings quite directly once they develop trust of the counselor.

Since many Chinese-American students tend to feel more comfortable in well-structured and unambiguous situations, counseling by providing guidelines in the form of explanations and suggestions may be helpful. Such guidelines might include an explanation of the counseling process. In addition, the Chinese-American's emotional inhibition and lower verbal participation may also indicate the need for a more active approach on the part of the counselor. The following case description is an example of an active structuring of interviews.

Anne W. was quite uncomfortable and anxious during the first interview dealing with vocational counseling. This anxiety seemed more related to the ambiguity of the situation than anything else. She appeared confused about the direction of the counselor's comments and questions. At this point the counselor felt that an explanation of vocational counseling would facilitate the process.

Counselor: Let me take some time to explain to you how we usually proceed in vocational counseling. Vocational counseling is an attempt to understand the whole person. Therefore, we are interested in your interests, likes and dislikes, and specific abilities or skills as they relate to different possible vocations. The first interview is usually an attempt to get to know you . . . especially your past experiences and reactions to different courses you've taken, jobs you've worked at, and so forth. Especially important are the hopes and aspirations that you have. If testing seems indicated, as in your case, you'll be asked to complete a battery of tests. After testing we'll sit down and interpret them together. When we arrive at possible vocations,we'll use the vocational library and find out what these jobs entail in terms of background, training, etc.

Client: Oh! I see . . .

Counselor: That's why we've been exploring your high school experiences. . . . Sometimes the hopes and dreams in your younger years can tell us much about your interests.

After this explanation, Anne participated much more in the interviews.

Culture and Counseling - Since guidance workers may lack understanding of cultural influences, they frequently encounter difficulty in working with minority groups. Because there are cultural determinants of behavior, and counseling is essentially a white middle class activity, it may be necessary to modify counseling approaches. This is especially true in working with many Chinese-American counselees. The suggestions we have offered are primarily directed to the establishment of a working relationship of rapport and trust. Once a strong relationship has been established, the counselor has greater freedom in varying his therapeutic approach. To avoid oversimplification and the creation of an artificial situation, we have purposely kept our discussion of techniques somewhat general. The use of counseling techniques should be evaluated on the basis of the client's needs and their compatibility with the counselor's style and personality. Perhaps the most important tool a counselor could possess is knowledge of the Asian-American experience and its relationship to counseling. The counselor must address himself to problems of guilt and shame and lack of openness in the case of the traditionalist, to problems of independence and self-hate in the marginal man, and to racism in society with the Asian-American.

Finally, a word of caution must be noted. Most Chinese-Americans are able to handle cultural conflicts and adequately resolve them. This article has been mainly concerned with that relatively small number who seek counseling help when they feel that they cannot resolve their conflicts.

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BLACK PERCEPTIONS OF GUIDANCE

R. D. Russell

In the last two years many of the nation's high schools provided the setting for a welter of confrontations that pitted black students against school administrators. The students struggled to gain certain concessions and changes they felt would make the school more responsive to their needs. The standard operating procedure entailed presenting a list of so-called non-negotiable demands to the principal, along with a threat that unless the entire list was approved within a specific time, direct action would ensue. One of the demands that appeared consistently on lists presented at the various schools has given impetus to this report and is the subject under observation here: the demand made by black students that administrators commit themselves to obtaining and employing more black counselors. In many of these schools, this meant hiring at least one black counselor because they had none.

This particular demand should interest all persons in education and should be of special concern to those in guidance. Whether it is viewed as a reasonable and legitimate request or as another example of black determination to move toward separatism, the demand still has important implications. The whole thing adds up to a declaration of the black student's dissatisfaction with the present functioning of guidance. Clearly, such an attitude imposes an obligation on the field of guidance to look into the reasons.

No evidence exists that the administrators, who found themselves in the midst of the controversies that spread like an epidemic, had the time or inclination to examine the causes. Although there can be little doubt that many of them came face to face with much insightful information in the sessions between themselves and either students or parents, the extent to which such information was put to good use in initiating change is unknown. But the prevailing explanation for the student demand for guidance changes was that they considered the present program "irrelevant" to their needs. The nature of the irrelevance was not specified.

The demand for black studies tended to obscure the desire for such guidance changes as the hiring of a black counselor. At the top of every list, black studies came to embody the whole thrust, embracing a rhetoric that proclaimed black pride, black identity, and recognition of black achievement. It also engendered an emotional fervor feared as potentially dangerous, and therefore much attention was diverted toward it. The black counselor demand became identified as a concomitant of the black studies demand. Administrators, under pressure from all quarters to get their schools back under control, were not about to delve into the why's and wherefore's of the black counselor demand or the possibility that there were deeper guidance issues involved. To them, getting black counselors was just another part of the black thing. So they promised black counselors, some showing their good faith by making instanst counselors of their one or two black teachers.

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There is more involved in the black student's demand for black counselors than a search for identity or a determination to grab a part of the action through a show of strength. The black student has grievances against guidance that predate the current social revolution; they are much more deeply rooted and complex than popular explanations suggest. Accordingly, they will not be settled by the simple expedient of adding one or two black counselors to existing guidance staffs. I propose in this article to examine and disclose the black student's perceptions of guidance so that guidance personnel can develop a role more meaningful to the needs of these students.

Perspective on the Problem

Throughout this discussion I use the term black student. In so doing, I am not speaking of all black students in this nation, but rather of certain ones who live in the cities and suburbs of the North, Midwest, and West and who attend schools where most of the administrators and teachers are white. These are the schools in which most of the confrontations took place; the students who attend them are those distrustful of guidance.

It should be noted that there are certain ties that bind the inner-city and suburban black students in spite of assumptions that the suburban student may enjoy distinct advantages over his city brother. There are, of course, obvious differences in their situations: the inner-city black tends to be in schools that are predominantly black; the suburban black, in predominantly white schools. The economic level of the suburbanite may be slightly higher than that of the city dweller due to the increasing number of more affluent blacks who are locating there; but the majority of both groups - city and suburban - is poor. The unquestionable element they both have in common is white control of the schools - superintendents, principals, teachers, counselors, custodians. In city or suburb, there is no difference in the way black students perceive this situation.

I do not intend here to indict guidance or to impugn the efforts of the countless competent and dedicated counselors - whoever they are, whatever the problem. Furthermore, I do not endorse or promote the concept of engaging counselors in accordance with their racial or religious identity. My only intention is to develop a sensitivity to those defects in guidance practice that have contributed to the erosion of the black student's confidence and have led to his dissatisfaction.

Black Perceptions

For the black student whose lot is to attend those schools dominated by white administrators and where white counselors are the main force in shaping his present and future course, the image of guidance is so negative that it is completely stultifying. The student perceives guidance as an instrument of repression, controlled by counselors who constitute a roadblock he must somehow manage to get around if he has ambitions that do not coincide with those his counselors consider appropriate for him. He sees guidance as a wellspring of frustration and despair, not a source of hope and encouragement. He has a background of guidance experiences that have been demeaning, debilitating, patronizing, and dehumanizing. He believes with all his heart that his counselors have racial biases that preclude their regarding or treating him as an individual who possesses the same emotions, aspirations, and potentials as whites. In short, the city-dwelling black and his suburban brother regard guidance as an anathema.

Past Experience

The black student's disaffection with guidance had reached a serious point in its development long before the recent eruptions swept across the educational horizon. I recall serving as group leader in a college guidance workshop for high school students sponsored in 1959 by a Negro women's club. Not having been on the local scene very long, I was not prepared for some of the statements these young people made, accusing guidance of being prejudiced against the interests and aspirations of black students. Subsequent conversations with several of the sponsors reinforced what the students had said.

In the ensuing years my involvement in education has brought me in direct contact with hundreds of young blacks - high school and college students and dropouts from both - who live and attend schools in various cities and suburbs. I have yet to encounter one student who had anything positive to say about his high school guidance experience! In fact, students have been alarmingly critical, relating incidents that tended unquestionably to justify their negative feelings. Parents supported the statements of the youth and frequently contributed incredibly discouraging experiences of their own. It is apparent that most parents have a disdainful regard for guidance.

The Nonacademic Program

The disenchanted black student complains most frequently about the non-academic program into which he feels white counselors deliberately shunt most of the blacks, regardless of their potentials or preferences and ambitions. It was not until the summer of 1969 that I realized fully the extent to which black students believe counselors are agents who deliberately, strategically, and skillfully manipulate their consignments to dead-end, non-academic programs.

During that summer I was a member of a panel concerned with the special guidance problems, needs, and concerns of minority youth. The conference of which this panel was part was sponsored by the United Neighborhood Houses and James Monroe Community Center of New York City, and was attended by 450 black and Puerto Rican high school students. When these young people were invited to raise questions, offer comments, and share their guidance experiences, they spared no words in making it clear how they held guidance guilty of systematically excluding them from academic programs. A show of hands disclosed that 425 of the 450 students present were in non-academic programs! One male student expressed what might have been the sentiment of the majority when he said, "Man, all of us here are dead; we don't stand a chance of getting into college."

Black students who find themselves in nonacademic programs despair further when they discover that escape from them is virtually impossible. Said one student, "It's like they lock you in and throw away the key." A young black athlete who recently graduated from high school told how his counselor promised for two years that he would be permitted to transfer to the academic program. At the end of each semester she told him he was not quite ready and should wait a little longer. Since he knew of no other blacks in the academic program, he was suspicious. "I finally got into the academic program in my senior year," he reported, "but only after my mother went to the school and scared the hell out of that counselor."

Black students are sensitive to and contemptuous of the arrogance counselors can display when some of their decisions and directives are challenged. A student revealed how he wanted to take German but ran into difficulty when he sought the signature of his counselor, who insisted that he take Spanish. The next day the boy brought his father to the guidance office. The counselor explained that his only concern was for the welfare of the boy who he was sure would only suffer failure in German. The counselor pulled out the boy's folder to remind them both that the aptitude scores left considerable room for doubt, and to allude to the poor grades in English. His experience had taught him to regard these variables as excellent predictors of one's ability to learn German. The father then expressed his rising impatience in language the counselor clearly understood: but as the counselor signed the card he could not resist a parting shot: "Well, it's his funeral."

In another instance, a young woman had followed a commercial curriculum because she sincerely wished to become a secretary. In her senior year, a counselor urged her to consider taking a job in a box factory after graduation. The counselor reckoned a girl who was 5 feet 10 inches tall, and black as well, would just not make it as a secretary. The young woman's determination persisted in spite of the counselor's admonition, and she did indeed fulfill her aspirations. Understandably, she has no fond memories of that guidance experience or counselor.

A Waste of Time

Black students are convinced that counselors, who have less concern for them than for white students, manifest their lack of interest in the general attitude that black students are not going anywhere anyhow so why waste time with them? A student panelist at a recent conference of two-year colleges, recalled: "I saw counselors in my school break their hump to get white kids in college - kids that didn't even want to go. They'd send for them in class, fuss with them in the halls, ask their parents to come in. They didn't do it for me or any other black student that I know of." Another student said his school limited the number of transcripts it would send to colleges, and if a student did not get accepted within that limit he was out of luck. He insisted this affected only black students because white students got all the transcripts sent that they needed or wanted.

Student X, who finished the academic program of his high school, reported that during his senior year he learned that his classmates were being called to the guidance office to discuss college plans. He waited and waited but never heard his named called or received a notice so he went to the office to find out if he had been overlooked. He said that the counselor told him she had never considered that he was thinking of going to college so she did not contact him. When he informed her that he did want to go, she asked where. He did not know; he only knew that he wanted to go. She handed him a college directory, showed him to a table, and invited him to read and make a selection. Sometime later he told her he thought he would like to try Cornell. She replied, "Are you kidding?"

Some students have reported experiences with guidance that they considered to be psychologically devastating. One example is a black male, who was doing quite well in his second year at a highly rated college:

> I walked into my high school with confidence in counselors and their ability and willingness to help, to be fair. I left with hatred and despair. I found that the counselors were interested only in those students with high averages who were definitely headed for college and who would have no trouble getting into college on their own. In addition to not having a high average I was black. They had no interest in me. This had a psychological effect. I thought of myself as incompetent and inferior.

Another black college student explained why he wants to become a high school counselor. He made the decision because of his own guidance experience and a strong desire to keep other black students from having to endure the same thing. He said,

> Their treatment of me was negative. They seemed surprised that I even wanted to go to college. They told me I would never get in any college in this area and suggested colleges in the Midwest - colleges nobody ever heard of. Did either of them ever tell me I could gain non-matriculated status in a local college or anything like that? Did they give a damn that I couldn't raise enough money to go two blocks from home? They left me with nothing. I worked three years to regain my confidence and self-respect. It took me that long to prove to myself that I was not a moron.

Perhaps the breadth and depth of the disenchantment of black youths with guidance is best summarized in the following incident. Little more than a year ago, a 22-year-old black woman announced her candidacy for the school board of a Long Island district where poor blacks are becoming a larger segment of the population. As a graduate of the local high school, she gave as her reason for wanting to get elected a desire to do something about the guidance department there. Her explanation was that the guidance she experienced was not only repressive but also completely insensitive to the needs and aspirations of either black students or the black community. She felt that as a member of the board she could be an instrument for change. When I interviewed some of the black residents of that community, all of whom were nonskilled, seasonally employed workers, I found them to be unanimous in their belief that all guidance did for black children was put them in special classes, punish them for infractions, and get rid of them as soon as possible.

Expectations of Guidance

We have disclosed, then, how the black student feels about the way guidance relates to him. Essentially, he has said that a wide gap exists between what he expects of guidance and what he actually experiences. Yet, in spite of his disillusionment, he is not ready to abandon guidance because he believes in its basic tenets and recognizes its potential to help him. While he charges guidance with failing to respond to his needs, he fixes the real blame on those who have direct responsibility for carrying out the guidance functions.

No doubt the black student's case against guidance will be denied and disputed in many quarters by educators - including administrators - counselors, and teachers who will offer convincing evidence that they are not guilty of the assertions made. The important thing, however, is that black students, who constitute a significant segment of this nation's young people and who should profit most from exposure to guidance, feel that they cannot trust it. Such a perception must be changed, and it must be changed immediately. This is more than a challenge for guidance professionals; it is a mandate for the entire educational field.

A Bastion of Democracy

What does the black student ask of guidance? To begin with, he expects guidance to be at least one bastion of democracy to which he can turn and get a fair shake when he is not getting it elsewhere. He expects guidance to display those basic considerations that assure him his humanity by regarding, respecting, and preserving his dignity. He wants those who exercise the guidance responsibilities to recognize and respect him as an individual. He believes that his right to have a deciding voice in decisions that affect his welfare is inalienable. He expects guidance to provide him with the opportunity to explore, discover, and learn. He wants guidance to recognize and respect his right to hope, to dream, to aspire to levels that may transcend his assumed capacity, to try, and to succeed. He wants guidance to recognize his right to fail. Actually, the black student asks no more of guidance than what it promises everyone. That he should be obliged to settle for less is unpardonable.

The Promises of Guidance

It is highly possible that many counselors become so involved in the details of their work and the mastery of techniques that they sometimes lose sight of the principles that constitute the promise of guidance. From time to time they need to have their memories refreshed. A fundamental promise of guidance is that people will be recognized as individuals and respected for their individuality. The black student feels that white counselors violate this principle repeatedly by seeing and treating him as one of a group, all of whom have the same interests, abilities, limitations, and behavior patterns. The net result of this kind of assessment is that black students find themselves together in practically all aspects of the school's program.

In recruiting students for college programs for disadvantaged youths, for instance, I find invariably that high school counselors bring together every black student in the senior class. On very few occasions are any whites included in spite of the fact that the program is open to students regardless of race or that a tremendous number of white students need the program. But even more serious is the fact that every black student in the class is perceived as disadvantaged whether he is or not. A case in point is the daughter of a black engineer who had both the grades and the money to gain regular admission in most colleges. Guidance herded her along with the rest of the black students to get into the special program. In planning her future, the girl's individuality was never taken into account.

Guidance promises equality of treatment to the individual regardless of his race or religion, and regardless of whether success or failure in life is predicted for him. The black student categorically denies that such a promise applies to him. He argues strongly and convincingly that the major allocation of guidance time and energy is to students in more favored social and economic positions. These are the college-bound white students who would probably make it anyway without the counselor's help. Black students charge that many counselors, preoccupied with getting white students admitted to college, do much more than is required, such as calling parents at home, offering progress reports, and so on. For the black student, the distinction becomes pronounced between the worth of the college-bound, for whom counselors have all the time and patience in the world, and those not going to college, for whom they have none.

The degree to which these assertions are true is a matter of conjecture, but there is considerable evidence to support counselors' inclinations to flaunt college placements. I visited several high schools recently where a large scoreboard of college placements is displayed outside the guidance office. At the time of my visit to one school the score was Dartmouth 1, Harvard 0.

Guidance promises hope to the individual. The component so vital to the guidance experience of everyone has special significance for the black student whose outlook has been already dimmed by the restrictive forces at work in his society. Yet, black students report having their hopes frustrated repeatedly by such counselors as the one who boasted, "I told that student he had about as much chance as a snowball in hell of becoming a lawyer." Describing himself as a good counselor, he defended this statement on the grounds that it was his job to help the student decide upon an attainable goal. He felt that it would be less damaging to the self-concept of the individual if he were protected from the possibility of failure as the consequence of pursuing an unrealistic goal. He went on to cite the student's IQ and grades to analyze the other symbols he considered infallible and conclusive evidence of his learning ability. It never occurred to that counselor how his respect for things rather than people had led him to dash the hopes of a human spirit without empathy, without compassion.

Perhaps it is the absence of empathy and compassion that underlies the black student's assumption that he will fare better in the hands of black counselors. He could be right. In 15 years of working with black high school and college students in the segregated South, I never heard a student complain that his black counselor had sabotaged his hope by denouncing his goal as unrealistic or unattainable. Perhaps the unique nature of the black counselor's experience has led him to place considerable confidence in the possibility of the impossible dream.

Relating to the Black Student

There is no special mystique involved in relating to the black student; hence, the counselor need not assume any kind of unusual posture or resort to tactics, techniques, or approaches he would not use with other students. The feelings, wishes, desires, hopes, and dreams of the black students are like those of any other student. His capacity for frustration, humiliation, disappointment, and rejection is no greater than anyone else's. The black student resents being patronized, and his detection system maintains a constant alert for signs of it. When he visits the guidance office,

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it is unnecessary to use slang or resort to language of the street to prove you understand him. He does not want to be told how much Willie Mays and Julia have done to convince whites that blacks are human. He does not want to hear your story of how you worked your way up from the ghetto. He simply wants to be received and treated as a normal human being who has the right to take what he wants of guidance and leave the rest. He simply wants to be regarded as an individual who has the capacity and the right to participate in decisions affecting his own welfare rather than have them imposed by someone else.

Counselors are warned that the black student's lifelong experience with prejudice and discrimination, both in and out of school, has so sharpened his perception that he is not often fooled in that regard. The counselor who professes his belief in equal opportunity after putting all black students in a general program is revealed as the dishonest person he is. The counselor who never lifted a finger to help a black student get admitted to college until the advent of the programs for the disadvantaged is identified for what he is. The counselor who discourages a black student from taking French or German or some other subject by telling him it is hard and he might fail it is pegged for what he is. The sensitive antenna of the black student picks up and transmits all signals that disclose the white person's position regarding the student's quest for acceptance and equality.

The image the black student has of guidance was created by counselors and must be changed by counselors. They would do well to reflect on the changing times when institutions are adjusting to individuals rather than forcing conformity to traditions previously held inviolate. Counselors would also do well to examine their own understanding of the guidance function to find out if they are marching to the right drum beat. They need to ask themselves if their own beliefs and attitudes are consistent with what is needed to pursue the democratic ideal that guidance espouses.

The black student's perception of guidance will be quickly changed when counselors stop viewing him as a special problem and accord him the same treatment Spalding (1964) recommends for all clients. The counselors who are the greatest help are ones who have the following in common:

> (1) they accept him; (2) they listen to him and try to understand him; (3) they are genuinely concerned about his welfare; (4) they are able to convey to him the feeling that they are concerned about his welfare; (5) they help him to capitalize on his strengths and to correct those weaknesses which he can correct with a reasonable effort; (6) they respect him as an individual; (7) they have confidence in his ability to choose what is best for him; and (8) they try to teach him to take increasingly greater responsibility for himself.

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COUNSELING THE INDIAN

Alonzo Sprang

It is the thesis of this paper that a counselor's philosophy of counseling and use of scientific techniques must undergo some modifications when counseling with Indian students.

Before embarking upon this aspect of counseling, I feel it is necessary to clarify what is meant by Indian and to make a brief comparison of the cultural values of the Indian and non-Indian. I feel that the difference between these cultures have a direct effect on the counseling philosophy and approach of a counselor.

The Indian group that I am referring to is one that is reservation oriented -- these are people born and raised on the reservation; they have minimal contact with non-Indians; reality to them is the everyday routine, conditions and interactions on the reservation proper; and, the educational level of these people is extremely low. The reservation-oriented Indian is not concerned, as he should be, with world, national, state, or county events. His sole thoughts are mainly of day to day survival. The unemployment rate on reservations is fantastically high, usually around 80 to 85 percent. Consequently, most of these Indians are on direct relief from the Bureau of Indian Affairs.

One of the most acute problems, next to unemployment, of all reservations is the problem of alcohol. It is a pitiful situation to see a mother and father, who are on relief, spend a greater share of the bi-monthly check for alcohol while the children go hungry, ill-clothed, and under very little, if any, adult supervision. To further complicate issues, a majority of the Indian people still strongly adhere to old tribal customs, beliefs, and values. This seems incongruent with the fact that they have picked up the bad aspects of the dominant culture's values and customs. Nevertheless, they believe in the traditional tribal system. Too, these people, much to the consternation of missionaries, see no conflict in believing or professing to believe in Christianity and at the same time retaining their belief in the tribal religious ceremonies.

Too, the majority of these people have no initiative or desire to change their plight. If it is there, it is not as evident as it should be. The vocational aspirational level of these reservation-oriented Indians is very low -- at best, they aspire to seasonal type of employment -- very rarely does one find a "far-sighted" youth who expresses a desire to become a member of a professional occupational

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group. There are many factors involved which thwart a youth to set high goals. Such influences and factors are: lack of information about a wide range of occupations; no available role models to identify with; no desire to leave the reservation; also, expression of a desire to become highly educated means that one must leave; sees no reason for achievement because "Dad is on relief and makes good money, so why should I go to school and learn so I can work?"; does not want a permanent job because his relatives would "move in" with him, thus, he would not only be supporting himself and his family but a whole host of others; has no desire to aspire to attain higher education because other members of the tribe are against it; and, many other reasons too numerous to mention here.

Finally, the value system of the Indian is so different from that of the non-Indian that to do an effective job of counseling one must become conversant with it. The Indian places great emphasis on the following values:

Present Oriented - He lives in the present, living for today and is not concerned about what tomorrow will bring or holds forth.

Lack of Time Consciousness - Many of the tribes have no word or concept for time. There is no need to be punctual or on time because there is always lots of time. There is no rush to get to a meeting, if one makes it on time, fine. If not, fine: there will always be time to get things accomplished if it is not done today.

Giving - The Indian is not concerned with saving or building a "nest egg" for future use. In the Indian culture, the person who is respected is the one who gives the most. Thus, the person who tries to accumulate goods is often feared or rejected by the other members of the tribe.

Respect for Age - Respect increases with age and the tried trusted leader is usually an older person. Youth is often a handicap, with young educated Indian leaders frequently complaining that they are not given the positions of leadership that they feel they are qualified to hold.

Cooperation - Indians place a value on working together, sharing and cooperating. Thus, the Indian tends to be non-competitive as a result of holding this value of cooperation. Failure to reach selected objectives is felt to result from failure to cooperate.

Harmony with Nature - The Indian believes in living in harmony with naure. He accepts the world and does not try to change it. If it fails to rain or the crops fail to grow, it is, he believes, because the necessary harmony has been destroyed. Whenever harmony is restored, nature will respond.

Now, to contrast the values that Indians revere, the following values are generally held by the dominant *non- Indian culture*:

Future Oriented - Rarely satisfied with the present. The non-Indian is constantly looking to the future.

Time Consciousness - The non-Indian's waking hours are governed entirely by time. He lives a closely scheduled life; a certain amount of time devoted to each activity. One who is prompt is respected and one who is late will usually be rejected.

Saving - The non-Indian saves today for a better tomorrow. He holds back a part of his wealth so he can develop more things. He stresses the importance of saving for any emergencies, retirement, etc.

Emphasis on Youth - The non-Indian society places great importance on youth. Youthful leaders are looked upon with respect and are recognized as having leadership ability.

Competition - The non-Indian believes competition is essential, if not universal. Progress results from competition and lack of progress may be synonymous with lack of Indian culture is quite competitive.

Conquest over Nature - The non-Indian society attempts to control the physical world, to assert mastery over it. The more nature is controlled the better.

Thus, these are some of the factors that a counselor must be cognizant of when he or she is counseling reservation-oriented Indians. Indians who have been acculturated or assimilated have primarily the same problems as other non-Indians. Consequently, the above values would not be applicable to this group as a whole.

Now, a counselor of Indian students cannot, in general, apply the same philosophy of counseling that he has for non-Indians. If one is non-directive, like Rogers,* the counselor would be ineffective because the Indian student is extremely nonverbal and passive. He will speak only when asked a question. Too, he will answer the question as briefly as possible without elaborating or qualifying his answer. Thus, a non-directive counselor would certainly have to adjust to either becoming an eclectic or directive type counselor if he is to be effective as a counselor of Indian students.

I believe that a counselor, at first, would have an extremely difficult time accepting Indian counselees to the same degree he does non-Indian counselees. The majority of Indian counselees will enter the counseling relationship with an appearance of hostility, complete rejection of the counselor, passivity, and being physically ill-kept. It is hard for me to comprehend a product of an average Anglo-Saxon home to be fully accepting of counselees of this nature, initially.

Once the counselor makes the adjustment to these outward signs and physical conditions of the counselee, another important factor enters the relationship. That is, the Indian child is taught not to trust the white man. This principle, or belief, is drilled into the minds of

*Carl Rogers, *Counseling and Psychotherapy*, Houghton-Mifflin Co., 1962.

these children in various and sundry ways as they are growing up. This would be the hurdle that would stand in the way of establishing a mutually warm and accepting relationship. (How this can be overcome, I do not know. I do know that it would be a long process of education, and I doubt if it could be realized within one generation.)

The counselor must be ever mindful or aware of the unique value system of the Indian counselee in the counseling relationship. The counselor cannot, and should not, impose his value system upon the Indian student. This will only build another barrier, at the least, between the two or it could be the reason for a counselee to discontinue counseling altogether. When this happens, the counselor will find that others will discontinue counseling also.

In view of the Indian's value system, I should like to pose several questions which need to be answered. How does one encourage an Indian student to become competitive when it is not in his value system to be so? How does the counselor approach the problems of an Indian student who is failing because he does not compete but has the ability to do better? What does a counselor do to instill in the minds of Indian students to want to aspire to higher level occupations? And, how does one encourage a student to seek medical help when he believes in "medicine men?" We could go on and on with questions of this type. They are extremely difficult to answer but they must be answered if the Indian is to progress as a race.

The counselor's use of techniques, primarily tests, would have to be modified when used with Indian counselees. These and instruments that have been validated on norms from another culture are not applicable "blanketly" to Indian children. It then behooves the counselor to modify the tests he plans to use, or to establish his own norms, or to construct his own tests and instruments. We have found that even the simplest tests prove to be unreliable when used to test Indian students. Such test items referring to elevators, streetcars, or use of idioms are completely worthless and do not really measure what the Indian student knows. Too, the Indian students are generally very poor readers. Thus, tests requiring them to do much reading further handicaps them. Finally, the Indian languages do not contain many of the concepts that the English language has.

Also, the use of projective techniques must be modified and changed. Some of the responses given to the various items seem quite bizzarre when interpreted in the non-Indian cultural orientation. However, when they are interpreted in light of their cultural orientation they become more meaningful and "normal." Thus, a counselor who has been trained to work with non-Indian counselees must, and has to make modifications and changes in order to do a truly acceptable job of counseling with Indian students.

Conclusions - I have tried, briefly, to present the type of client a counselor on a reservation would be working with. It is not a very cheerful picture but that is what exists on our reservation today, and the factors we must be cognizant of when working with this type of people. You can see that the counselor's tasks are clearly laid out for him but the problem lies in how to best cope with them.

These people are not concerned with psychological interpretations or hocuspocus, rather they are concerned with survival in its raw form. They could care less what could happen four years from now if they begin to change or to do this thing today. They are not concerned with tomorrow.

Finally, I tried to show that a counselor of Indian students needs to modify and change his philosophy and approach to counseling because of the unique people he is dealing with. This is not to say that a counselor is working for different ends; I feel that Indian counselees need to gain insight and self-realization just as non-Indian counselees do. However, the counselor's job is to modify his knowledge to bring about the best results possible.

SEX-ROLE STEREOTYPES AND CLINICAL JUDGMENTS OF MENTAL HEALTH

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Paul S. Rosenkrantz and Susan R. Vogel

Evidence of the existence of sex-role stereotypes, that is, highly consensual norms and beliefs about the differing characteristics of men and women, is abundantly present in the literature (Anastasi & Foley, 1949; Fernberger, 1948; Komarovsky, 1950; McKee & Sherriffs, 1957; Steward, 1946; Seward & Larson, 1968; Wylie, 1961; Rosenkrantz, Vogel, Bee, Broverman, & Broverman, 1968). Similarly, the differential valuations of behaviors and characteristics stereotypically ascribed to men and women are well established (Kitay, 1940; Lynn, 1959; McKee & Sherriffs, 1959; Rosenkrantz et al., 1968; White, 1950), that is, stereotypically masculine traits are more often perceived as socially desirable than are attributes which are stereotypically feminine. The literature also indicates that the social desirabilities of behaviors are positively related to the clinical ratings of these same behaviors in terms of "normality-abnormality" (Cowen, 1961), "adjustment" (Wiener, Blumberg, Segman, & Cooper, 1959), and "health-sickness" (Kogan, Quinn, Ax, & Ripley, 1957).

Given the relationships existing between masculine versus feminine characteristics and social desirability, on the one hand, and between mental health and social desirability on the other, it seems reasonable to expect that clinicians will maintain parallel distinctions in their concepts of what, behaviorally, is healthy or pathological when considering men versus women. More specifically, particular behaviors and characteristics may be thought indicative of pathology in members of one sex, but not pathological in members of the opposite sex.

The present paper, then, tests the hypothesis that clinical judgments about the traits characterizing healthy, mature individuals will differ as a function of the sex of the person judged. Furthermore, these differences in clinical judgments are expected to parallel the stereotypic sex-role differences previously reported (Rosenkrantz et al., 1968).

Finally, the present paper hypothesizes that behavioral attributes which are regarded as healthy for an adult, sex unspecified, and thus presumably viewed from an ideal, absolute standpoint, will more often be considered by clinicians as healthy or appropriate for men than for women. This hypothesis derives from the assumption that abstract notions of health will tend to be more influenced by the greater social value of masculine stereotypic characteristics than by the lesser valued feminine stereotypic characteristics.

The authors are suggesting, then, that a double standard of health exists wherein ideal concepts of health for a mature adult, sex unspecified, are meant primarily for men, less so for women.

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METHOD

Subjects

Seventy-nine clinically-trained psychologists, psychiatrists, or social workers (46 men, 33 women) served as Ss. Of these, 31 men and 18 women had Ph.D. or M.D. degrees. The Ss were all actively functioning in clinical settings. The ages varied between 23 and 55 years and experience ranged from internship to extensive professional experience.

Instrument

The authors have developed a Stereotype Questionnaire which is described in detail elsewhere (Rosenkrantz et al., 1968). Briefly, the questionnaire consists of 122 bipolar items each of which describes, with an adjective or a short phrase, a particular behavior trait or characteristic such as:

Very aggressive	Not at all aggressive
Doesn't hide emotions at all	Always hides emotions

One pole of each item can be characterized as typically masculine, the other as typically feminine (Rosenkrantz et al., 1968). On 41 items, 70% or better agreement occurred as to which pole characterizes men or women, respectively, in both a sample of college men and in a sample of college women (Rosenkrantz et al., 1968). These items have been classified as "stereotypic".

The questionnaire used in the present study differs slightly from the original questionnaire. Seven original items seem to reflect adolescent concerns with sex, for example, "very proud of sexual ability." These items were replaced by seven more general items. Since three of the discarded items were stereotypic, the present questionnaire contains only 38 stereotypic items. These items are shown in Table I.

Finally, in a prior study, judgments have been obtained from samples of Ss as to which pole of each item represents the more socially desirable behavior or trait for an adult individual in general, regardless of sex. On 27 of the 38 stereotypic items, the masculine pole is more socially desirable, (male-valued items), and on the remaining 11 stereotypic items, the feminine pole is the more socially desirable one (female-valued items).

Instructions

The clinicians were given the 122-item questionnaire with one of three sets of instructions, "male," "female," or "adult." Seventeen men and 10 women were given the "male" instructions which stated "think of normal, adult men and then indicate on each item the pole to which a mature, healthy, socially competent adult man would be closer." The Ss were asked to look at the opposing poles of each item in terms of directions rather than extremes of behavior. Another 14 men and 12 women were givem "female" instructions, that is, they were asked to describe a "healthy, mature, socially competent adult woman." Finally, 15 men and 11 women were given "adult" instructions. These Ss were asked to describe a "healthy, mature, socially competent adult person" (sex unspecified). Responses to these "adult" instructions may be considered indicative of "ideal" health patterns, without respect to sex.

Scores

Although Ss responded to all 122 items, only the stereotypic items which reflect highly consensual, clear distinctions between men and women, as perceived by lay people were analyzed. The questionnaires were scored by counting the number of Ss that marked each pole of each stereotypic item, within each set of instructions. Since some Ss occasionally left an item blank, the proportion of Ss marking each pole was computed for each item. Two types of scores were developed: "agreement" scores and "health" scores.

The agreement scores consisted of the proportion of Ss on that pole of each item which was marked by the majority of the Ss. Three agreement scores for each item were computed: namely, a "masculinity agreement score" based on Ss receiving the "male" instructions, a "femininity agreement score," and an "adult agreement score" derived from the Ss receiving the "female" and "adult" instructions, respectively.

The health scores are based on the assumption that the pole which the majority of the clinicians consider to be healthy for an adult, independent of sex, reflects an ideal standard of health. Hence, the proportion of Ss with either male or female instructions who marked that pole of an item which was most often designated as healthy for an adult was taken as a "health" score. Thus, two health scores were computed for each of the stereotypic items: a "masculinity health score" from Ss with "male" instructions, and a "femininity health score" from Ss with "female" instructions.

Results

Sex Differences in Subject Responses

The masculinity, femininity, and adult health and agreement scores of the male clinicians were first compared to the comparable scores of the female clinicians via t tests. None of these t tests were significant (the probability levels ranged from .25 to .90). Since the male and female Ss did not differ significantly in any way, all further analyses were performed with the samples of men and women combined.

Agreement Scores

The means and sigmas of the adult, masculinity, and femininity agreement scores across the 38 stereotypic items are shown in Table 2. For each of these three scores, the average proportion of Ss agreeing as to which pole reflects the more healthy behavior or trait is significantly greater than the .50 agreement one would expect by chance. Thus, the average masculinity agreement score is .831 ($z=3.15$, $p \angle .001$), the average femininity agreement score is .763 ($z=2.68$, $p \angle .005$), and the average adult agreement score is .866 ($z=3.73$, $p \angle .001$). These means indicate that on the stereotypic items clinicians strongly agree on the behaviors and attributes which characterize a healthy man, a healthy woman, or a healthy adult independent of sex, respectively.

Relationship between Clinical Judgments of Health and Student Judgment of Social Desirability

Other studies indicate that social desirability is related to clinical judgments of mental health (Cowan, 1961; Kogan et al., 1957; Wiener et al., 1959). The relation between social desirability and clinical judgment was tested in the present data by comparing the previously established socially desirable poles of the stereotypic items (Rosenkrantz et al., 1968) to the poles of those items which the clinicians judged to be the healthier and more mature for an adult. Table 3 shows that the relationship is, as predicted, highly significant ($\chi^2=23.64$, $p \angle .001$). The present data, then, confirm the previously reported relationships that social desirability, as perceived by nonprofessional Ss, is strongly related to professional concepts of mental health.

The four items on which there is disagreement between health and social desirability ratings are: to be emotional; not to hide emotions; to be religious; to have a very strong need for security. The first two items are considered to be healthy for adults by clinicians but not by students; the second two items have the reverse pattern of ratings.

Sex-Role Stereotype and Masculinity versus Femininity Health Scores

On 27 of the 38 stereotypic items, the male pole is perceived as more socially desirable by a sample of college students (male-valued items); while on 11 items, the feminine pole is seen as more socially desirable (female-valued items). A hypothesis of this paper is that the masculinity health scores will tend to be greater than the femininity health scores on the male-valued items, while the femininity health scores will tend to be greater than the masculinity health scores on the female-valued items. In other words, the relationship of the clinicians' judgments of health for men and women are expected to parallel the relationship between stereotypic sex-role behaviors and social desirability. The data support the hypothesis. Thus, on 25 of the 27 male-valued items, the masculinity health score exceeds that of the femininity health score; while 7 of the 11 female-oriented items have higher femininity health scores than masculinity health scores. On four of the female-valued items, the masculinity health score exceeds the femininity health score. The chi-square derived from these data is 10.73 ($df-1$, $p \angle .001$). This result indicates that clinicians tend to consider socially desirable masculine characteristics more often as healthy for men than for women. On the other hand, only about half of the socially desirable feminine characteristics are considered more often as healthy for women rather than for men.

On the face of it, the finding that clinicians tend to ascribe male-valued stereotypic traits more often to healthy men than to healthy women may seem trite. However, an examination of the content of these items suggests that this trite-seeming phenomenon conceals a powerful, negative assessment of women. For instance, among these items, clinicians are more likely to suggest that healthy women differ from healthy men by being more submissive, less independent, less adventurous, more easily influenced, less aggressive, less competitive, more excitable in minor crises, having their feelings more easily hurt, being more emotional, more conceited about their appearance, less objective, and disliking math and science. This constellation seems a most unusual way of describing any mature, healthy individual.

Mean Differences between Masculinity Health Scores and Femininity Health Scores

The above chi-square analysis reports a significant pattern of differences between masculine and feminine health scores in relationship to stereotypic items. It is possible, however, that the differences, while in a consistent, predictable direction, actually are trivial in magnitude. A *t* test, performed between the means of the masculinity and femininity health scores, yielded a *t* of 2.16 ($p < .05$), indicating that the mean masculinity health score (.827) differed significantly from the mean femininity health score (.747). Thus, despite massive agreement about the health dimension per se, men and women appear to be located at significantly different points along this well-defined dimension of health.

Concepts of the Healthy Adult versus Concepts of Healthy Men and Healthy Women

Another hypothesis of this paper is that the concepts of health for a sex-unspecified adult, and for a man, will not differ, but that the concepts of health for women will differ significantly from those of the adult.

This hypothesis was tested by performing *t* tests between the adult agreement scores versus the masculinity and femininity health scores. Table 4 indicates, as predicted, that the adult and masculine concepts of health do not differ significantly ($t=1.38$, $p < .10$), whereas, a significant difference does exist between the concepts of health for adults versus females ($t=3.33$, $p < .01$).

These results, then, confirm the hypothesis that a double standard of health exists for men and women, that is, the general standard of health is actually applied only to men, while healthy women are perceived as significantly less healthy by adult standards.

Discussion

The results of the present study indicate that high agreement exists among clinicians as to the attributes characterizing healthy adult men, healthy adult women, and healthy adults, sex unspecified. This agreement, furthermore, holds for both men and women clinicians. The results of this study also support the hypothesis that (a) clinicians have different concepts of health for men and women and (b) these differences parallel the sex-role stereotypes prevalent in our society.

Although no control for the theoretical orientation of the clinicians was attempted, it is unlikely that a particular theoretical orientation was disproportionately represented in the sample. A counterindication is that the clinicians' concepts of health for a mature adult are strongly related to the concepts of social desirability held by college students. This positive relationship between social desirability and concepts of health replicates findings by a number of other investigators (Cowen, 1961; Kogan et al., 1957; Wiener et al., 1959).

The clinicians' concept of a healthy, mature man do not differ significantly from their concepts of a healthy adult. However, the clinicians' concepts of a mature, healthy woman do differ significantly from their adult health concepts. Clinicians are significantly less likely to attribute traits which characterize healthy adults to a woman than they are likely to attribute these traits to a healthy man.

Speculation about the reasons for and the effects of this double standard of health and its ramifications seems appropriate. In the first place, men and women do differ biologically, and these biological differences appear to be reflected behaviorally, with each sex being more effective in certain behaviors (Broverman, Klaiber, Kobayashi, & Vogel, 1968). However, we know of no evidence indicating that these biologically-based behaviors are the basis of the attributes stereotypically attributed to men and to women. Even if biological factors did not contribute to the formation of the sex-role stereotypes, enormous overlap undoubtedly exists between the sexes with respect to such traits as logical ability, objectivity, independence, etc., that is, a great many women undoubtedly possess these characteristics to a greater degree than do many men. In addition, variation in these traits within each sex is certainly great. In view of the within-sex variability, and the overlap between sexes, it seems inappropriate to apply different standards of health to men compared to women on purely biological grounds.

More likely, the double standard of health for men and women stems from the clinicians' acceptance of an "adjustment" notion of health, for example, health consists of a good adjustment to one's environment. In our society, men and women are systematically trained, practically from birth on, to fulfill different social roles. An adjustment notion of health, plus the existence of differential norms of male and female behavior in our society, automatically lead to a double standard of health. Thus, for a woman to be healthy, from an adjustment viewpoint, she must adjust to and accept the behavioral norms for her sex, even though these behaviors are generally less socially desirable and considered to be less healthy for the generalized competent, mature adult.

By way of analogy, one could argue that a black person who conformed to the "pre-civil rights" southern Negro stereotype, that is, a docile, unambitious, childlike, etc., person, was well adjusted to his environment and, therefore, a healthy and mature adult. Our recent history testifies to the bankruptcy of this concept. Alternative definitions of mental health and maturity are implied by concepts of innate drives toward self-actualization, toward mastery of the environment, and toward fulfillment of one's potential (Allport, 1955; Buhler, 1959; Erikson, 1950; Maslow, 1954; Rogers, 1951). Such innate drives, in both blacks and women, are certainly in conflict with becoming adjusted to a social environment with associated restrictive stereotypes. Acceptance of an adjustment notion of health, then, places women in the conflictual position of having to decide whether to ex-

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hibit those positive characteristics considered desirable for men and adults, and thus have their "femininity" questioned, that is, be deviant in terms of being a woman; or to behave in the prescribed feminine manner, accept second-class adult status, and possibly live a lie to boot.

Another problem with the adjustment notion of health lies in the conflict between overt laws and ethics existing in our society versus the covert but real customs and mores which significantly shape an individual's behavior. Thus, while American society continually emphasizes equality of opportunity and freedom of choice, social pressures toward conformity to the sex-role stereotypes tend to restrict the actual career choices open to women, and, to a lesser extent, men. A girl who wants to become an engineer or business executive, or a boy who aspires to a career as a ballet dancer or a nurse, will at least encounter raised eyebrows. More likely, considerable obstacles will be put in the path of each by parents, teachers, and counselors.

We are not suggesting that it is the clinicians who pose this dilemma for women. Rather, we see the judgments of our sample of clinicians as merely reflecting the sex-role stereotypes, and the differing valuations of these stereotypes, prevalent in our society. It is the attitudes of our society that create the difficulty. However, the present study does provide evidence that clinicians do accept these sex-role stereotypes, at least implicitly, and, by so doing, help to perpetuate the stereotypes. Therapists should be concerned about whether the influence of the sex-role stereotypes on their professional activities acts to reinforce social and intrapsychic conflict. Clinicians undoubtedly exert an influence on social standards and attitudes beyond that of other groups. This influence arises not only from their effect on many individuals through conventional clinical functioning, but also out of their role as "expert" which leads to consultation to governmental and private agencies of all kinds, as well as guidance of the general public.

It may be worthwhile for clinicians to critically examine their attitudes concerning sex-role stereotypes, as well as their position with respect to an adjustment notion of health. The cause of mental health may be better served if both men and women are encouraged toward maximum realization of individual potential, rather than to an adjustment to existing restrictive sex roles.

TABLE I

Male-Valued and Female-Valued Stereotypic Items

Feminine Pole	Masculine Pole
Male-valued items	
Not at all aggressive	Very aggressive
Not at all independent	Very independent
Very emotional	Not at all emotional
Does not hide emotions at all	Almost always hides emotions
Very subjective	Very objective
Very easily influenced	Not at all easily influenced
Very submissive	Very dominant
Dislikes math and science very much	Likes math and science very much
Very excitable in a minor crisis	Not at all excitable in a minor crisis
Very passive	Very active
Not at all competitive	Very competitive
Very illogical	Very logical
Very home oriented	Very worldly
Not at all skilled in business	Very skilled in business
Very sneaky	Very direct
Does not know the way of the world	Knows the way of the world
Feelings easily hurt	Feelings not easily hurt
Not at all adventurous	Very adventurous
Has difficulty making decisions	Can make decisions easily
Cries very easily	Never cries
Almost never acts as a leader	Almost always acts as a leader
Not at all self-confident	Very self-confident
Very uncomfortable about being aggressive	Not at all uncomfortable about being aggressive
Not at all ambitious	Very ambitious
Unable to separate feelings from ideas	Easily able to separate feelings from ideas
Very dependent	Not at all dependent
Very conceited about appearance	Never conceited about appearance
Female-valued items	
Very talkative	Not at all talkative
Very tactful	Very blunt
Very gentle	Very rough
Very aware of feelings of others	Not at all aware of feelings of others
Very religious	Not at all religious
Very interested in own appearance	Not at all interested in own appearance
Very neat in habits	Very sloppy in habits
Very quiet	Very loud
Very strong need for security	Very little need for security
Enjoys art and literature very much	Does not enjoy art and literature at all
Easily expresses tender feelings	Does not express tender feelings at all

TABLE 2

Means and Standard Deviations for Adult, Masculinity, and Femininity Agreement Scores on 38 Stereotypic Items

Agreement Score	M	SD	Deviation from chance	
			Z	p
Adult	.866	.116	3.73	.001
Masculinity	.831	.122	3.15	.001
Femininity	.763	.164	2.68	.005

TABLE 3

Chi-Square Analysis of Social Desirability versus Adult Health Scores On 38 Stereotypic Items

Item	Pole elected by majority of clinicians for healthy adults
Socially desirable pole	34
Socially undesirable pole	4

Note.--X^2=23.64, p .001.

TABLE 4

Relation of Adult Health Scores to Masculinity Health Scores and to Femininity Health Scores on 38 Stereotypic Items

Health Score	M	SD
Masculinity	.827	.130 t=1.38*
Adult	.866	.115 t=3.33**
Femininity	.747	.187

*df=74, p .05.
**df=74, p .01.

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CROSS CULTURAL COUNSELOR TRAINING

CROSS CULTURAL TRAINING OF
MENTAL HEALTH PROFESSIONALS

Paul Pedersen

Cross-cultural training is useful to mental health service agencies for a number of reasons. First of all, the traditional systems of mental health services have a cultural bias favoring the dominant social class over others, which is counterproductive to the equitable distribution of services. Secondly, other cultural groups have discovered indigenous modes of coping and treatment which not only work better for them but may be usefully applied to other cultural groups as well. Third, community mental health services are expensive when they fail, as measured by operating costs and by the useless expenditure of lives, and cross-cultural training might prevent some programs from failure. Fourth, unexplored resources for cross-cultural training in mental health services are readily available throughout our plural society within the very populations supposed to benefit from those services.

An intercultural model for viewing counseling includes three levels of analysis where cultural differences intervene in the counseling process. At the first and most obvious level, international differences between persons from different countries provide a variety of cultural points of view which complement and conflict with one another. We expect persons from "foreign" countries to be somehow different; and we are more accepting of their differences, even though we may disagree with them. At a second level we are being sensitized to intercultural differences between ethnic groups within our own country who have their own independent heritage contrary to "mainstream" national values. The various ethnic groups are more immediately and obviously competing for limited resources in ways that nurture culturally identifiable attitudes to define and identify members of each ethnic interest group. At a third and most subtle level there is a differentiation of roles in ways that resemble cultures in maintaining unique value systems. We are least accepting of "legitimate" differences between ourselves and persons who "should" be more like us. We are more likely to stereotype them as deviants from our own culture than legitimate members of an alternative counter culture. To the extent that we demand conformity to our own value system at any of these three levels, we are likely to be intolerant of differences and prefer the idealized stereotype in our own mind to the experienced reality of personal encounter. The field and focus of cross-cultural counseling can be described in reviewing the literature at these three levels of analysis.

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The constructors of "healthy" and "normal" which guide the delivery of mental health services are not shared by all persons from every culture and may betray the culturally encapsulated counselor to become a tool of his own dominant political, social or economic values. Ethnocentric notions of adjustment tend to ignore inherent cultural values, allowing the encapsulated counselor to evade reality while maintaining a cocoon on internalized value presuppositions about what is "good" for the counselee. This tendency toward cultural isolation is accentuated by the inherent capacity of culture-bound and time-honored values to protect themselves against the tentativeness of new knowledge. The very data which defines the task of counseling can take on a reified meaning in reinforcing modal stereotypes of cultural groups, separating counselors from the social reality of the person from another culture.

Systematic study of the inter-relationship between culture and personality has, until fairly recently, been the primary concern of anthropology. The literature is polarized into two opposing ways of looking at culture in relation to personality (Caudill and Lin, 1969). One position takes the view that there is a fixed description of mental health whose observation is obscured by cultural distortions and which requires the rigors of cross-cultural research to relate cultural behaviors to some universal definition of acceptable behavior. This position assumes that we know the meaning of health and well-adjusted happiness whatever the culture of origin. A contrasting position views cross-cultural differences as clues to divergent attitudes, values and assumptions which differentiate one culture from another in a relativist framework. In the second alternative each socio-cultural context defines its own norms of mental health. Anthropologists have tended to take a relativist position in classifying and categorizing psychological phenomena, identifying deviations as culturally unique, allowing multiple notions of acceptable behaviors to co-exist with one another in the cross-cultural situation and examining each culture as a separate configuration. Psychologists on the other hand have tended to link social characteristics and psychological phenomena with a minimum of attention to intercultural maps of differentiated cultural values. Draguns (1971) claimed that only with the recent emergence of social psychiatry as a discipline have systematic observations been applied to the influence of social and cultural factors upon psychopathological systems.

Cultural differences affect the delivery of mental health services in a number of ways. Ethnic and class differences have produced a "deficit hypothesis" (explained but not supported by Cole and Bruner, 1972) which assumes that a poverty community is disorganized and that the disorganization presents itself in various forms of deficit. The implication is that minorities are somehow not only different in their cultural values but inferior by comparison to White, middle-class values. Mercer (1971) discovered that differences between rates for mental retardation were not related to ethnic membership. Havinghurst (1971) identified social class rather than ethnic factors as differentiating achievement while Mayeske (1971) provides abundant evidence that there is no "independent effect" by ethnic-racial group membership on academic achievement. In an attempt to deal appropriately with cultural differences, Flaugher, Campbell and Pike (1969) concluded that closer attention must be given to the criterion data of predictive studies, recognizing that unperceived and uncontrolled combinations of influences on criterion measures may be fully as determinitive of results as the predictive measures being evaluated. Freeberg, for example, (1969) describes many of these "unspecific biases" in the use of tests. Psychologists have thus failed in the task of analysing the source of cultural differences in a setting where those same cultural groups are in competition for limited resources.

Reviewing the literature leaves the reader with a clear impression that psychological services in the mental health field need to become more sensitive to cultural differences. The criticism is not limited to members of radical groups, who, like Jerome Agel (1971), describe therapy today as a "commodity" and "means of social control," but leaders in the field like C. H. Patterson (1972) are also not hesitant to point out the need for change in an activist mode. According to Patterson:

> "If there is anything that young people, the poor, and minority groups are telling us it is that they are fed up with our impersonal, inhuman society. They do not want more 'services,' automated and impersonal, even if they are delivered on a silver platter. They do, of course, want the material requirements to live a decent life, but as a right, not as a 'service' from a governmental or social agency. But more than this, they want respect, understanding and the opportunity to actualize their potentials, or to become self-actualizing persons. Psychologists, including counseling psychologists, have an obligation to work for a social, economic and political system which will provide everyone with more than the bare necessities of life, and with equality of opportunity."

Helpers who are most different from their helpees, in race and social class, have the greatest difficulty effecting constructive changes, while helpers who are most similar to their helpees in these respects have the greater facility for appropriate helping (Carkhuff and Pierce, 1967). Mitchell (1970) goes so far as to say that most White counselors cannot be part of the solution for a Black client since they are so frequently part of the problem. Williams (1970) likewise asserts that the White mental health worker cannot successfully counsel the "Black Psyche." Ayres (1970) and Russel (1970) describe an implicit or sometimes explicit bias in the counseling process itself that is frequently perceived as demeaning, debilitating, patronizing and dehumanizing.

In cross-cultural counseling, there is a great danger of mutual misunderstanding (McFayden and Winokur, 1956), less understanding of the other culture's unique problems (Kincaid, 1969), a natural hostility that destroys rapport and greater negative transference toward the counselor (Vontress, 1971). Thomas (1962) points out the danger of confusing a client's appropriate cultural response with neurotic transference. Middleton (1963), Woods (1958) and Trent (1954) suggest numerous other sources of difficulty for the White professional counseling Blacks. Ignorance of one another's culture contributes to resistance in opposition to the goals of counseling. This resistance is usually accompanied by some feelings of hostility, threat or unwillingness to allow the stranger access to a client's real feelings. As a contrasting view Muliozzi (1972), who cites sources of resistance unique to cross-cultural counseling, also suggests that White counselors may be unrealistic in their fear of not being accepted by Black clients as therapeutic helping agents.

Some of the research has attempted to relate personal qualities of the counselor to cross-cultural effectiveness in counseling. We might expect counselors who are open-minded to have less difficulty than the more dogmatic counselor. Indeed, Kempt (1962) and Mezzano (1969) find open-minded counselors to excel in supportive understanding and self-exploration usually associated with counseling effectiveness while Russo, Ketz and Hudson (1964), Allen (1967), Millikan (1965) and Millikan and Paterson (1967) discovered that prejudice or factors related to prejudice were associated with counseling effectiveness when assessed by counselor supervisors. In a contrary vein, Foulds (1971) found dogmatism not to be a factor in communicating the facilitative conditions of counseling.

Cultural sensitivity relates to an awareness of indigenous resources within the other culture. Torrey (1970) gives an example of why urban Mexican-Americans fail to utilize modern mental health services, even when available. The westernized systems are irrelevant because they are inaccessible, are inhibited by a language problem, are class bound with the quality of treatment dependent on the individual's class, are culture bound and insensitive to the indigenous world view, are caste bound relating primarily to the ruling Anglo community and because the indigenous alternatives are more popular. Saslow and Harrover (1968), Suchman (1964), Sprang (1965) and Byrde (1971), Morales (1970) and Madsen (1969) likewise describe the types of problems and resources unique to the various ethnic groups but frequently overlooked by insensitive counselors. Each life style provides its own structures, rules and mechanisms to cope with aggression and anxiety; and while they may differ from one another, they are able to promote and preserve mental health within that particular community (Mechanic, 1969; Glazer and Moynihan, 1963).

It is useful to compare couseling processes as we know them with functionally similar institutions in other cultures (Torrey, 1971). Both therapists must know the right name to label a behavior appropriately. The effect in either case is to lessen the ambiguity of the crisis and identify a "cause" that will allow the crisis to be explained in the culturally normal order of things. Both systems depend on the personal quality and credibility of the therapist to establish rapport with the individual seeking help. Without the cooperation of the person seeking help, either system recognizes itself operating under a severe and sometimes impossible handicap. Some kind of a coalition between the help-giver and the help-receiver must be nurtured to develop an effective relationship. Both systems depend on the client's expectation to get better as a result of working within this relationship. There are ways a counselor can raise a client's expectations through demonstrating his own legitimacy and effectiveness as a help-giver. Demonstrations of prestige and status are used to increase expectations as are expensive equipment and elaborate ceremony which serve to heighten expectations. The magical techniques of divination have a functional purpose much as training and certification of skill serve to display a counselor's credentials in the community. Any counselor who has tried to function in a culture that refuses to recognize his credentials recognizes the importance of his being accepted in his role as help-giver.

There is evidence that counselors and therapists are culturally conditioned in their responses and that counselor education programs may actually be contributing to the encapsulation process. Cultural differences between clients and counselors impose special problems of communication on the counseling process. demanding special approaches to intercultural counseling education. The simulated counseling interview training model with videotaped self-confrontation has been demonstrated to promote behavioral change in trainees for a variety of populations. Such a training model could be adapted to cross-cultural training for mental health professionals comparing three different adaptations.

First, all trainees could be videotaped in a fifteen minute cross-cultural counseling interview with a coached client which could be scored together with responses to open-ended questionnaire responses as a pre-training measure of their counseling facility with persons from another culture. Next the trainees might be divided into three groups. One group would be assigned to micro-counseling triads with one other coached client and a "counseling facilitator" both from the same other culture for a period of supervised interaction. The counseling facilitator would encourage "positive" behaviors by the counselor. A third group would be assigned to microcounseling triads with one other coached client and an "anti-counselor" both from the same other culture for a period of supervised interaction. The "anti-counselor" would emphasize mistakes by the counselor. In each training condition the simulated interviews with coached clients, facilitators and anti-counselors would be video-taped. Participants would review videotapes of each inteview with feedback from a trained counselor before attempting subsequent interviews. The three training adaptations would provide an opportunity to practice cross-cultural counseling skills with either positive feedback to highlight a counselor's nonfacilitative behavior and no feedback other than that he might receive from his coached client. After training, all trainees would be videotaped in a fifteen minute post-training cross-cultural interview with a coached client. All trainees would complete an open-ended questionnaire and interview to evaluate the training models, and provide post-training data for a comparative analysis.

There is a pressing need for a model to train mental health professionals in cross-cultural counseling skills. Ultimately such a model will probably incorporate a combination of training approaches such as the three mentioned above.

The American Psychological Association (1973) reports on a Conference on Patterns and Levels of Professional Training held at Vail, Colorado, in July, 1973. One of the recommendations of that Conference was that "offering services to persons of culturally diverse backgrounds by persons not competent in understanding such groups was regarded as unethical. Training and continuing education coursework on the special needs of different religious, racial, ethnic, sexual and economic groups was recommended for all professional psychologists." It is apparent that cultural sensitivity will play an increasingly important role in training counselors. While the preceding pages have reviewed large numbers of cultural studies on psychological problems and personality variables, we are only beginning to look at cross-culturally relevant practices in "how to help" persons from other cultures by enlarging the field and focus of cross-cultural counseling.

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The Case for the Indigenous Therapist

E. Fuller Torrey

There is strong evidence, both direct and indirect, upon which to build a case for the indigenous therapist. The evidence is strong enough to suggest a series of systematic innovations, carefully supervised and evaluated, to ascertain the place of indigenous therapists in formal psychiatric services. If and when the indigenous therapist is so utilized, he could be a useful adjunct to already existing services and a major part of the solution to the mental health manpower problem.

The term "indigenous therapist" implies a person who is sanctioned by a particular culture or subculture to do "psychotherapy" even though he has not been so trained by acceptable Western professional standards. The term, therefore, includes a whole range of individuals from shamans, witch-doctors, and medicine men to college students working in mental hospitals, housewives working as psychotherapists, and neighborhood residents being used as "mental health assistants" in community mental health centers. The sanctioning culture may be a state hospital, community agency, neighborhood, or tribe, but in all cases the indigenous therapist is accepted as a healer by his patients.

Not included under such a definition are those who have been trained, more or less acceptably, by Western professional standards to do "psychotherapy." These include psychiatrists, psychologists, psychiatric nurses, social workers, ministers, probation officers, and counselors of various types. Also not included in the paper is a semantic discussion of terms--nonprofessionals, paraprofessionals, subprofessionals, auxillary health workers, mental health aides, mental health assistants, mental health expediters, etc. The emphasis will be on what these people do, not on what they are called.

The "psychotherapy" done by indigenous therapists encompasses a broad spectrum of techniques from listening, reassurance, suggestion, and confession to abreaction, psychodrama, and the use of medicine. A college student listening to the confession of a paranoid schizophrenic in a mental hospital, a neighborhood mental health assistant encouraging his client to act out hostility against his landlord in front of a group, and a shaman exorcising the fears of a frightened tribesman are all doing psychotherapy. Their techniques are similar enough to some of those employed by Western professional psychotherapists to be called psychotherapy, just as their function is similar enough to allow them to be called indigenous therapists.

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The present proliferation of mental health centers necessitates raising the question of using indigenous therapists. Congress has already given support for 500 centers in the next five years. To staff them it is estimated that approximately 23,000 mental health workers (including 5,000 psychiatrists) will be needed. To produce a psychiatrist takes 12 years beyond high school. The expectations of the public have been aroused, and social demand for services will force innovation. The alarming statements about mental health manpower shortages quickly anesthetize the reader, like the droning of demographers on the population explosion, and there is a constant danger that the problem will be forgotten until it is too late.

Once raised, the possibility of using indigenous therapists is seen to be similar to developments in other parts of medicine. Other medical specialities are reevaluating manpower utilization and job allocation, eg, the time-motion studies on practicing pediatricians.[1] New jobs are being tried, from physician assistants in North Carolina[2] and nurse-pediatricians in Denver,[3] to family-health workers in the Bronx,[4] and health aides in northern Alaska.[5]

It is the contention of this paper that there is strong evidence for using indigenous therapists in formal psychiatric services. This evidence consists of indirect evidence concerning the roles played by the patient expectations and personal qualities of the thrapist in producing remission of symptoms, as well as on direct evidence of the utilization of indigenous therapists in cultures throughout the world including our own.

Patient Expectations The role played by patient expectations in producing psychotherapeutic change constitutes the first source of indirect evidence for the use of indigenous therapists. Patient expectations are powerful agents--powerful enough to produce "taboo death,"[6] and therefore powerful enough to produce profound changes in both symptom relief and behavior change during the course of psychotherapy.

This should not be too difficult to accept if looked at historically. Up until a few years ago most medical therapies were either inert or harmful, and medical cures depended largely upon the expectations of the patient. Psychiatrically, even Freud acknowledged the importance of these expectations. In commenting on the similarity of primitive and ancient religious therapies with psychoanalysis he said: "In order to effect a cure a condition of expectant faith' was induced in the sick person, the same condition which answers a similar purpose for us today."[7]

Psychiatrist Jerome Frank's Persuasion and Healing has explored the role played by patient expectations most fully: "The therapist's power is based on the patient's perception of him as a source of help, and it tends to be greater the greater the patient's distress and his faith in the therapist's desire and ability to help him."[6] This observation has been validated by experiments at Johns Hopkins by Frank's colleagues. In two studies on psychiatric outpatients it was found that symptom relief was significantly related to patient expectations.[8,9]

To clarify this concept it is useful to briefly describe some of the different aspects of patient expectations. First is what might be called the pilgrimage. The therapeutic value of the trip alone has been known since

Delphi and Mecca, and continues to be efficacious today in Lourdes, the Mayo Clinic, or the Menninger Clinic. It is a common observation of specialists in these institutions that the farther a patient has traveled to get there the greater are the chances of his responding to treatment.

Closely allied with this is what has been called "the edifice complex."[10] This is the transference to the institution, the entering of which is therapeutic in itself. Even making an appointment there and thinking about entering is often enough to make the patient feel better. It is the portion of psychotherapeutic effectiveness which would be lost if the well-known psychiatric clinics operated out of austere rooms in a county courthouse rather than out of The Medical Center.

The next aspect relates to the encounter with the therapist himself. His ability to induce expectation of improvement in the patient is strongly dependent upon his reputation in a narrow sense, and upon the degree to which the culture sanctions (and gives status to) his role in a broader sense. Finally comes the portion of therapeutic efficacy which results from patient expectations of the laying-on-of-hands or the pill. This is usually referred to as the placebo effect. Several studies have verified its importance. In one study 56 psychiatric out-patients were given an inert drug, and obtained symptom relief which compared favorably with that obtained by short-term psychotherapy.[11] In another 109 psychiatric outpatients, also given an inert drug, showed 80% improvement after one week and 66% improvement after two to three years.[12] Frank concludes that the placebo experiments seem to confirm the hypothesis "that part of the healing power of all forms of psychotherapy lies in their ability to mobilize the patient's hope of relief."[6]

If the reader has not already, he will soon raise the objection: "But you are only talking about symptom relief. The real improvements in psychotherapy--behavior change and long-term personality change--are dependent upon things other than patient expectations. They are dependent upon techniques and training that your indigenous therapist knows nothing about."

It is a valid objection. Unfortunately no research has been done to date which clarifies the different types of changes occurring in psychotherapy. It is known what the relationship of symptom relief to long-term change is. Certainly it is possible that patient expectations play a role in the latter as well. A corollary question, yet to be answered, is how often "scientific" Western psychotherapy, performed by trained therapists, produces changes other than symptom relief.

The implication of all of this for indigenous therapists is that they are, by definition, culturally sanctioned to a greater or less degree. And as such they are able to raise patient expectations and thereby produce symptom relief. Indigenous therapists, then, are a resource of the culture and can be used to do psychotherapy. They could be legitimitized, thereby increasing their cultural sanction and their efficacy. This will be explored in greater detail below.

Therapist Personal Qualities The second source of indirect evidence for the indigenous therapist is the research which has been done on the personal qualities of the therapist. Most of this research arose out of the theories of Carl Rogers and has been done in the past ten years. It began with Rogers' attempts to identify the important components of therapeutic personality change,[13] received impetus from the work of Betz and Whitehorn on characteristics of successful and unsuccessful psychotherapists,[14] and then produced an outpouring in the 1960's by Truax and Carkhuff which is summarized in their recent book.[15]

Stated briefly, the research shows that certain personal qualities of the therapist--accurate empathy, nonpossessive warmth, and genuineness--are of crucial importance in producing effective psychotherapy. The three qualities of the therapist "have been shown to relate significantly to a variety of positive patient personality and behavioral change indexes."[16] The therapists who possess these qualities consistently and convincingly get better therapeutic results than those who do not possess them.

Four types of supporting research data have been brought forth.[15] The first includes studies of patient outcome in cases receiving high levels of the three ingredients as contrasted with cases receiving low levels. The studies include individual therapy on 14 schizophrenic inpatients and 40 psychoneurotic outpatients, and 80 institutionalized male juvenile delinquents. The findings on the 40 psychoneurotic outpatients, for instance, showed a 90% improvement rate when the thrapist provided high levels of the three therapeutic qualities, and 50% improvement rate when he provided a low level. Most of the research was done by having trained raters code samples of tape-recorded psychotherapy using research scales designed to measure the three therapeutic qualities.

The second type of supporting research data include studies of the three qualities themselves, contrasting patient change with control groups receiving no psychotherapy. The studies include 14 schizophrenic inpatients, 40 institutionalized female juvenile delinquents, and 24 college underachievers. The results of the last, for instance, showed that 19 of the 24 had a higher grade point average in the semester after the counseling, compared with 11 of the 24 controls. Truax et al also use these studies to explain why past outcome studies of psychotherapy have failed to show its effectiveness, ie, because therapists with these qualities producing positive change have not been differentiated from therapists lacking these qualities producing negative change and the net result has been zero.

The third type of supporting research data include studies of the respective roles of the therapist and patient in determining how high a level of these qualities will be offered. One study used eight therapists and eight inpatients in a block design. This study and others showed "that the levels of therapeutic conditions offered throughout counseling are due to the counselor rather than the client."[15]

Finally, converging evidence from studies on learning and studies of parental effects upon children is offered. It has been shown, for instance, in a study on 120 third graders and eight teachers that children learn to read faster under the teachers who offer higher levels of the three qualities cited above.[15]

It is important to review this research to show that the theories about personal qualities of the therapist are firmly founded. The implications of these theories and research are profound. If these three personal qualities are critical for effective psychotherapy then training programs for psychotherapists should emphasize them. Not only should they be taught and practiced, as Truax and Carkhuff maintain,[15] but individuals should be originally selected as psychotherapists because they already possess these qualities.

It should be made clear that these three qualities pertain only to Western culture. Other cultures may have other personality qualities which may be considered therapeutic. One wonders how much of the efficacy of indigenous therapists is attributable to their possession of the therapeutic personality qualities of that culture. Such individuals could be said to possess "a therapeutic personality." These are the people who should be recruited as psychotherapists.

Our present methods of recruitment, selection, and training of psychotherapists may even be antithetical to developing these qualities. Perhaps the effective psychotherapists who emerge do so in spite of, not because of, their training. Rogers observed in 1957 that "intellectual training and the acquiring of information has, I believe, many valuable results--but becoming a therapist is not one of those results."[13] And Bergin, after reviewing the research cited above, concluded: "This also indicates that titles, degrees or years of training should not define the psychotherapist, but rather what the individual can do."[17] It is important to look at what the indigenous therapist can do.

The Indigenous Therapist Observed The direct evidence for the case of the indigenous therapist is a series of observations of him at work. These observations run the gamut from being impressionistic to being carefully controlled studies, through there are disappointingly few of the latter. They all conclude the same thing: that indigenous therapists are often effective in producing positive therapeutic changes.

Many observations of the indigenous therapist at work have come from anthropologists. Gillin's description of Guatemalan "curanderos" and their ability to cure "magical fright" includes many parallels to the techniques used in Western psychotherapy.[18] Another example is Holland and Tharp's observations on the psychotherapeutic value of a curing ceremony among the Tzotzil Indians of southern Mexico: "Tzotzil psychotherapy attempts to induce changes in the sufferer's emotional state, attitude, and social behavior."[19] Finally, in our own country anthropologists have frequently made such observations, for example Opler's comparison of Apache shamans and Western psychotherapists.[20]

Sociologists have also frequently remarked on the efficacy of indigenous therapists and their similarity with Western psychotherapists. A recent example is the observations of Rogler and Hollingshead on Puerto Rican spiritualist mediums: "The medium understands their subculture; she knows how to placate the troubled by plausible interpretation of their troubles. She provides social support to an emotionally disturbed person."[21]

Psychiatrists also have made such observations on indigenous therapists. Canadian Raymond Prince has probably made the most extensive observations, spending 18 months studying Yoruba psychotherapists in western Nigeria. He concluded that the therapeutic results obtained are about equal to those obtained in our modern psychiatric clinics and hospitals.[22] T. A. Lambo, an English-trained Nigerian psychiatrist who uses two of these native healers in his village hospital system at Aro,[23] confirms Prince's observations: "We assessed the work of these healers and found their results in certain areas were better than ours. They understood the philosophy of the people and were especially adept at handling the African's dreams."[24]

There are numerous other examples. Drs. Bassher and Tigani el Mahi report favorably on the use of native healers in government psychiatric facilities in the Sudan,[25] a French psychiatrist is impressed by a renowned native healer in the Ivory Coast,[26] and native doctors are consulted in Ghana when the psychiatric patient or his relatives request it.[25] A german psychiatrist in Sarawak reports favorably on using a shaman as a nurse at his hospital,[27] and this author observed indigenous Zar doctors in Ethiopia who clearly were doing effective psychotherapy.[28] An American psychiatrist who has made extensive such observations is Ari Kiev, both on the Haitian "hungan"[29] and the Mexican-American "curandero" as effective psychotherapists.[30]

Turning closer to home, the recent proliferation of group therapy and sensitivity groups has led hundreds of nonprofessionals to become indigenous therapists. Some of them, like those in Synanon, are even antiprofessional. Assessment of their effectiveness is yet to come, but if popularity is any criterion then they must be at least partly effective. The concept of indigenous therapists (and the therapeutic aspects of many people's personality) is also inherent in the concept of the therapeutic community which has gained wide acceptance in mental hospitals.

There are many specific examples of programs in the United States which are using indigenous therapists. Harris Peck's program in the low-income south Bronx is one of the best examples. Neighborhood residents are recruited, trained to administer "psychosocial first aid,"[31] and used to staff Neighborhood Service Centers where people may drop in and get help with all shades of social and psychological problems.[32,33] This program has been functioning since 1964, and assessment of it is underway.

A similar program has been developed in Philadelphia training "mental health assistants" to staff a mental health center. A total of 46 individuals, also neighborhood residents, have been trained in the first two years. About 25% of their visits are home visits, and they claim to have cut the psychiatric hospitalization rate in the neighborhood by 50%.[34] More evaluation of these workers will be forthcoming. In response to the vacuum created by funding buildings for mental health centers but not giving adequate consideration to the staffing of them, many other similar programs using indigenous therapists will arise in the near future. At the moment between 30 and 40 mental health centers are considering using them (personal communication with R. D. Quinn, Mental Health Centers Staffing Branch, National Institute of Mental Health).

Truax, Carkhuff et al, following the implications of their research on personal qualities of the therapist to their logical conclusion, have taken hospital attendants and tried to teach them how to be genuine, warm, and empathetic in less than 100 hours of training. They report that with five attendants so trained at Kentucky the levels of these three qualities "meet or exceed those obtained on the average from a group of more experienced therapists in the Wisconsin program."[16,35] They conclude that the hospital attendant training program "clearly suggests that lay counselors, trained and supervised can do anything that professionals can do and sometimes more."[35]

Another program used hospital aides to run group therapy with chronic schizophrenics. The groups all improved more than their matched controls.[36]

Still another program using hospital aides to do brief psychotherapy with discharged schizophrenic outpatients used psychiatrists doing the same thing for comparison. "The treatment results of the nonprofessional personnel compared favorably with the results of the psychiatrists."[37]

An interesting twist in the use of indigenous therapists is a program at Wyoming State Hospital where patients were used as therapists. The patients were "given a brief orientation, including materials on behavior dynamics, and were told that their role was a professional one."[38] Eight therapists then saw 200 patients over a two-year period, usually working a 40-hour week. They were supervised by a lay-staff worker, and used a variety of techniques from simple encouragement to operant conditioning. The results are reported impressionistically as very favorable, and the program as having "won the approval of both staff and patients as an effective treatment force."[38]

An army psychiatrist at Ft. Devans, Mass, found the solution to his overwhelming case load by using medical technicians as psychotherapists. He gave them six weeks of on-the-job training, then called them "social work consultants" and let them go to work. With good supervision they did individual and group therapy, consultations for the dispensary physicians, and even saw suicide attempts as the primary therapist. He impressionistically reports the results as very favorable.[39]

College students used as "case aides" in mental hospitals have become common. In 1966 over 300 colleges had programs involving 7,700 student volunteers. One study of them showed that they helped 31% of chronic psychotics to leave the hospital.[40] Another study used college students to run group therapy sessions in a mental hospital, and the results were compared with professionals (psychiatrists and social workers) running similar groups. The college students were found to get better results than the professionals. Two patients were also used as therapists in this study and got results similar to the professionals as well.[41] Still another program using college students is trying to evaluate their effectiveness in "companionship therapy" with preadolescent disturbed boys. All the thrapists attended an initial workshop emphasizing nondirective methods, and half of them attended ongoing weekly training sessions.[42]

A pilot project at the National Institute of Mental Health selected eight housewives (out of 42 applicants), trained them part-time for two years, and then let them do psychotherapy with outpatients. Initial evaluation of their effectiveness, assessed blindly by outside raters using tape-recorded interviews, was satisfactory, with 61% of the patients showing improvement.[43]

Another study, which was concerned with a quite different problem, contained one therapist with no formal training but ten years experience and nine therapists with formal training in psychotherapy and varying lengths of experience up to 25 years. In scoring of tape-recorded interviews of an "ideal therapeutic relationship" the untrained therapist scored higher than the other nine.[44]

Finally, medical students can be considered to be indigenous therapists before they have had any formal training in psychotherapy. They are sanctioned by the subculture of the hospital and accepted as healers by their patients. In one study using them as individual psychotherapists with outpatients 82% of the patients reported themselves as improved as a result of the contacts.[45] And in another study 72% of the patients felt better after short-term psychotherapy with the students.[46]

Comment The above survey of indigenous therapists is not meant to be exhaustive, but rather to show the range of therapist programs that have been observed and tried. These programs all point in the same direction--the possibility of using indigenous therapists in formalized mental health services in the development of exciting new approaches to solve the mental health manpower problem. Their utilization should be considered both in our own country as well as in developing nations where mental health services are just beginning. The contention of this paper is not that their value has been proven, but only that there is sufficient evidence to try them in a broad series of well-controlled pilot projects with concurrent evaluation.

Many obstacles and much resistance to using indigenous therapists can be anticipated. Some of it has already become evident as the programs described above have been tried. Widespread implementation of pilot programs will evoke much more. The major obstacles and resistances can be summarized as follows:

1. *Indigenous therapists include many quacks, charlatans, hysterical personalities, schizophrenics, abortionists, and generally unstable personalities.* Certainly this is true both in our own culture and in other cultures. But they also include many genuine, warm, empathetic individuals, emotionally stable, and natural leaders in that culture. In discussing shamans among the Alaskan Eskimos, Dr. Jane M. Murphy makes this point very clear:

> The well-known shamans were, if anything exceptionally healthy in this sense . . . the full-fledged shaman who is capable of dealing with the crises of illness and death and of offering psychological support to the groups of individuals taken into his spiritual custody displays qualities that can hardly be separated from those of leadership, responsibility, and power.[47]

The answer, of course, is in selective sanction of indigenous therapists and eventual accreditation. Selection would be by professionals and based on the personal qualities of the therapist that were deemed therapeutic in that culture. Sanction would increase their therapeutic efficacy by raising patient expectations, eg, an Eskimo shaman with an office in the local Public Health Service field station and with a Civil Service rating would be a more effective psychotherapist than if he were operating clandestinely out of his home.

Accreditation is a logical extension of this process. Proposals for a new profession of "psychiatric assistants" are not new,[48,51] but to date few have suggested creating it by selecting those individuals already doing the job. Early explorations toward accreditation of native healers is also occurring in other cultures in the world, such as the legislation recently introduced in India to set up uniform standards and examinations for indigenous practitioners of ancient Hindu therapies.[52]

In our own culture it would open up new job opportunities for many presently practicing as informal therapists--bartenders, foremen, pharmacists, barbers, hair-dressers, etc. There is also a reservoir of about 96,000 psychiatric aides in state and county mental hospitals alone from which to choose.

2. Techniques used by indigenous therapists are crude, primitive, often harmful, and occasionally fatal. This is also true, though it must be qualified. Indigenous therapists also use very sophisticated techniques. For instance Rauwolfia had been used as a tranquilizer in India and Nigeria for centuries before it was "discovered" by Western psychotherapists. And the Nigerian version of behavior therapy for eneuresis is that the child is awakened by the croaking of a toad tied to his penis, the toad responding to getting wet.[25] And to turn the coin over, electric shock treatments must be considered in the light of such adjectives as crude and primitive.

Indigenous therapists, like their professional counterparts, have long used such therapeutic techniques as abreaction, suggestion, dream interpretation, hypnosis, confession, desensitization, and psychodrama. The therapeutic techniques should be retained and the harmful techniques discarded. The brew would be distilled, with the supernatent retained and the residue discarded. In the process of accreditation and training the indigenous therapist would be taught to continue exorcising phobias but not to trephine skulls, to treat a conversion reaction but to refer a case of epilepsy. He would learn that there are certain kinds of illnesses he can treat and that others fall beyond his training. For instance, Kiev, in his extensive study of Mexican-American "curanderos," concludes that their techniques are superior in treating neuroses in that subculture but inferior to Western psychiatrist's techniques in treating organic psychiatric disorders.[30]

There is precedence for selectively using techniques of indigenous therapists in psychiatry. The Chief of Psychiatric Services at the medical school in Bombay recently reported on his own attempts to use ancient Indian psychotherapeutic concepts over a six-year period. He reported encouraging results, and verified their efficacy by biochemical and electrophysiological studies.[53] Other countries, such as British Guinea, are also starting to integrate indigenous healing techniques with those of Western psychiatry.[54]

3. Training indigenous therapists will render them less effective. They must be left in their "natural state." The response to this criticism is that if it is true then all of our present professional training programs for psychotherapists also must be destructive. Moreover, the successful attempts by Truax and Carkhuff et al to teach genuineness, warmth, and empathy would seem to point the other way.[15]

4. The goals of indigenous therapists are usually just symptom relief, not long-term personality change. This was discussed above, where it was noted that no clear relationship has yet emerged between symptom relief, behavior change, and personality change. When considering using indigenous therapists in any culture a careful assessment of goals of therapy in that culture would have to be made by the behavioral scientists involved. And even if symptom relief did turn out to be all the indigenous therapist could do, would that invalidate his use? That is what the patient desires.

5. Using indigenous therapists will threaten many people's jobs who are presently doing psychotherapy. This is a very practical resistance. It is, in fact, the severe shortage of mental health manpower which has forced salaries for psychiatric professionals up so high. It is partly true that solutions to the crisis of supply and demand might threaten those salaries. But there will be enough jobs to go around for psychotherapists for a long time to come. It is the creation of new jobs, in fact, which Rieff and Riessman cite as one of their major arguments for using indigenous therapists.[55,56]

6. Psychotherapy is part of medicine, and as such the people doing it should be at least professionally trained as therapists if not as doctors. This resistance is formidable, for it elicits all the professional identity, fears about prestige, and latent arrogance that might be hiding behind the medical model. It is difficult for a trained professional to acknowledge the similarity of his work to that of a witch-doctor. It goes against the grain of the cliches with which he has grown up. Many of the programs outlined above have come from clinical psychology, enough in itself to elicit varying degrees of resistance from psychiatry. The resistance is also the hoary traditions of medicine, firmly rooted in the medieval guild system, and echoing "you just can't do that!" with each footstep down the hall toward innovation.

In place of this resistance I believe the evidence cited above demands humility. It demands open minds and hard data. It demands an attitude best exemplified by a story Dr. Alexander Leighton, one of the senior men in American transcultural psychiatry, tells on himself. It occurred when be was interviewing a native healer in Nigeria:

> On one occasion a healer said to me, through an interpreter: "This man came here three months ago full of delusions and hallucinations: now he is free of them." I said, "What do these words 'hallucination' and 'delusion' mean, I don't understand?" I asked this question thinking, of course, of the problems of cultural relativity in a culture where practices such as witchcraft, which in the West would be considered delusional, are accepted. The native healer scratched his head and looked a bit puzzled at this question and then he said: "Well, when this man came here he was standing right where you see him now and he thought he was in Abeokuta" (which is about thirty miles away), "he thought I was his uncle and he thought God was speaking to him from the clouds. Now I don't know what you call that in the United States, but here we consider that these are hallucinations and delusions!"[57]

The evidence suggests, then, that we should not be apologetic when we use indigenous therapists; rather at this state of our knowledge we should be apologetic when we fail to use them on a trial basis.

Summary A case is made for the use of indigenous thrapists. It rests upon indirect evidence which shows that patient expectations and the personal qualities of the therapist play major roles in psychotherapeutic change. It also rests upon direct evidence which describes the indigenous therapist at work. The descriptions and studies of them at work all point in the same direction--toward their possible use in formalized mental health services and as exciting new approaches to solve the mental health manpower problem. The obstables and resistances to their use are examined. It is concluded from the evidence presented that rather than being apologetic when indigenous therapists are tried, mental health professionals should be apologetic when they are *not* tried.

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CULTURAL STEREOTYPING AMONG PSYCHOTHERAPISTS

Milton Bloombaum, Joe Yamamoto, and Quinton James

If the interaction between the patient and therapist per se constitutes an appropriate psychotherapeutic unit, then the cultural conditioning of each member of this therapeutic relationship is a matter of interest to patients, therapists, and researchers engaged in investigating the nature of such relationships. Although attention in the literature has most frequently been directed toward the relevance for therapy of the cultural conditioning of the patient (or to the importance of cultural differences between patient and therapist), there has been some research concerned with the cultural conditioning of the therapist and related matters.

Thomas (1962) suggested that the patient is likely to be particularly sensitized to unfavorable stereotypes exhibited by the therapist toward the sex, race, religion, or socioeconomic status of the patient. The therapist must guard against the possibility that the patient infer such stereotypes from attitudes or behavior displayed by the therapist. The danger is that subsequent negative reactions of the patient are likely to be interpreted as neurotic transference phenomena, when in fact they may constitute appropriate responses to a condition present in the therapist.

One-half hour structured interviews were obtained with 16 practicing psychotherapists; their attitudes toward Mexican-Americans, Negroes, Japanese-Americans, Chinese-Americans, and Jews were investigated. Of all the responses, 22.6% were culturally stereotypic in terms of imputations of superstitiousness, changeability in impulse, grasp of abstract ideas, and distinction between illusion and facts. Mexican-Americans are most frequently the objects of such stereotypes, with Negroes, Jews, Chinese-Americans, and Japanese-Americans following in that order. Of all responses, 79.2% indicated the presence of more subtle stereotypic attitudes.

An independent measure of a concept semantically related to cultural stereotyping, that is, the racial distance form of Bogardus' social distance scale, was also administered. The psychotherapists, considered as a whole, differentiated among the five ethnic groups with respect to the degrees of social distance they would prefer to maintain. They least preferred to intermarry with Negroes, next with Chinese-Americans, then with Mexican-Americans, then Japanese-Americans, and most often with Jews. When compared with a national college sample selected in 1956, the same order of preference obtains; the effect of an occupational bias among psychotherapists is to shift the entire distribution of preferences intact 1.04 scale points in the direction of greater tolerance. In this sense, the psychotherapists may be said to reflect the general culture of which they are a part and are therefore not to be considered immune to cultural conditioning.

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THE CULTURALLY ENCAPSULATED COUNSELOR

C. Gilbert Wrenn

The Report of the Commission on Guidance in American Schools[1] projected developments in school counseling against a backdrop of projected changes in our culture. Since what we speak of as the guidance function in American schools has grown out of certain values in our culture, presumably changes in that culture will affect the role of counselors in the school. It will also affect the nature of their education for the task.

Anticipated Changes

Change has always been the one thing of which we could be sure. What then is different about the changes of the next decade? Two things only but these are awesome enough - the rapidity and the extensiveness of the changes anticipated. "Space flight" is near reality but its reaches are infinite when comprehended in relation to the projected size of our universe of intelligence. The astronomer Shapley has estimated that of the 100 quintillion stars available to our telescopes, perhaps 100 million of them have planets favorably constituted and located for the support of life. Many of these solar systems are billions of years older than our own and may be assumed to have developed some form of intelligence and culture far more complex than our own. We are now actively seeking to receive radio signals from these systems but some of them may have been seeking in a similar (or radically different) manner for millions of years. Contact will be made during this century - or it may be next year. When this happens our present perception of life and its unique significance will be sharply challenged. This is one illustration of the extensiveness of change.

Our own small world is becoming smaller by the moment - and more densely populated. America is no longer an island - islands no longer have significance. Our economy of abundance must rub elbows with many economies of scarcity - with peoples who have only a fraction of what we have and yet who are well aware of what America has and is. They want some of the same and want it urgently.

People increasingly cluster in cities and America has become a constellation of urban galaxies. Metropolitan boundaries are coming to mean more than state and county lines. The family pattern of the early part of this century is no longer apparent, it is gone to appear no more. New patterns of family life are realities to be accepted and dealt with. An

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[1] C. Gilbert Wrenn, The Counselor in a Changing World (Washington, D.C.: The American Personnel and Guidance Association, 1962).

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economy of increasing affluence is projected - how wisely will we spend our income? The Federal government must become increasingly concerned with education and social health at state and local levels. It must do so for such dimensions of our society are most critical factors in any modern consideration of national welfare. Will we gerry-build this development, allow it to overcome us, or control it wisely as we accept its inevitability?

Occupations will disappear and new ones appear with a speed that has little regard for the information about occupations that is now provided in printed form. Occupations with the same label will bear little resemblance to those occupations of a few years ago. (The term "school counselor" as used two decades ago meant only a fraction of what is meant by the term in current usage.)

Kinds of post-high school education, the meaning of "college," procedures used in our high schools, the growth of continuation education opportunities that are available over a lifetime - these are symptomatic of marked alterations that are appearing in our educational system. The science of behavior called psychology can be projected only a few years hence for, like all sciences, new knowledge appears apace and supersedes the old.

Psychological Defenses Against Change

Like Job of old we protest the inevitable, we argue about it. Even better than Job we protect ourselves from the disturbing reality of change by surrounding ourselves with a cocoon of pretended reality - a reality which is based upon the past and the known, upon seeing that which is as though it would always be. This is "cultural encapsulation," an encapsulation within our world, within our culture and sub-culture, within a pretense that the present is enduring. Some of this evasion of reality is defensible for one can absorb the new at only a limited rate. More than this, we move more freely when we know the limits within which we can safely operate. But the rate of change is another thing. The rate of change is science, in technology, and in the interacting complex of pressures in our society pays little heed to what we see within our cocoon. The walls of our cocoon must be permeable so that pressure does not build up between the "reality" within the cocoon and the reality without.

The Commission Report makes certain recommendations regarding the counselors' role with students, teachers, and parents, the counselor's place in the total school program, and the professional education of the school counselor.[2] These are argued from the projected changes in our culture. The specific recommendations may be in error as inferences from cultural change or the culture changes themselves may be of a different order. But the most rapid change of our country's history will occur during the next decade or two, whatever its precise nature may be. What will keep these changes from being applied to the role, education, and life of the counselor - what indeed but the counselor's resistance to change?

It is certain that counselors are as subject as any to cocoon maintenance and reality evasion. Perhaps they have particular cocoon pat-

[2] Wrenn, op. cit., chaps. 5,6,7.

terms of their own because of their sensitiveness to others and their desire to help. In his enthusiasm for helping a counselor builds up his own securities - he communicates concepts and values which have given him security and which are actually appropriate to his past - perhaps even his present. Even if the counselor tries to work from his present to the client's present, a hard enough task, this is not enough. Counselors frequently must work to the client's future as well. To deal with two presents and one future is enough to disturb the bravest of men.

Here then, are some of the cultural encapsulations which the counselor must examine. They may not all be distinctive for the counselor. What happens is that the counselor faces them with more urgency because of the critical nature of his relationship to the growing personality of the student.

Some Cultural Encapsulations

The tendency to be surprised or even unbelieving regarding changes in truth.

It is comforting to believe that at least some of what I regard as truth is ultimate truth, or at least true for my lifetime. This cocoon is a hard one to leave. Of course we recall that at one time it was true that "the earth is flat," that "matter is matter and energy is energy," that "man's major motivations arise from instincts." What we forget is that our awareness of truth is so very young because we are so young a race of man. If we assume that man has been on earth for perhaps one million years (it may have been ten) this is a small part indeed of the total time in which man may exist and learn. One recent study suggested that whereas earth's future might be a matter of five or six billion years in **terms** of the normal processes of shrinkage and erosion, the expansion of the sun and its increasing radiation will mean that in something like two billion years the seas will be boiling and all life will be extinguished. There is still a striking difference between the one million years we have existed and the two thousand million years we have yet to go. One to two thousand is a ratio that suggests a shocking infancy of man and his knowledge. Who then is to think that what we now consider truth is always to be truth, indeed, any part of it?

This might be the situation for empirically determined truth, but what if we also accept revealed truth? This is where I am safe! But am I? Why must we assume that revelation has ceased? Would it not be strange indeed if all inspired truth had been revealed to the very young, to the infant who has lived only 1/2000 of his possible lifetime? Why can we not assume that inspired truth is being continually experienced - through artists, poets, and sages if not through prophets?

Certainly the values that I hold - convictions of the worth of things and of people - are culture bound. They are also time bound. The virtue of " work for its own sake," of "being mature before you marry," of "knowing what you want to do and then hewing closely to the line" may be far less significant values to our children than for us. If the youth of tomorrow see work, marriage, and vocational decision in a different perspective than do the youth of yesterday (us) who is to say that we are nearer the truth than they will be? They are reared for different worlds and for different values associated with these worlds. So if I rest secure in the cocoon that what I know is an ultimate truth or what I believe is an ageless value, that cocoon will betray me. My values are for now and for me - not for all time or for all people.

The cushioning of the counselor in some academic cocoons which have little reference to our total culture.

Nor may there be much evidence of an empirical sort. Some of these beliefs (academic folklore) are that grades are the most important thing in a student's life; that tests should be given to everyone; that learning is primarily from books; that having a vocational choice helps each person in his academic life; that students who fit in and express themselves well should be rewarded, etc. We are academic people and our academic cocoons may be the most unrealistic in terms of either the future scope of human behavior or the reality of the world outside the school.

Similar to the above is the tentativeness of our knowledge of human behavior. Whatever we "firmly" know now may be firm as a principle but not as a law - perhaps we have no laws of behavior as yet. Because man changes with knowledge of man, we may never have laws. We must proceed upon the principles we now have but we operate within such large areas of uncertainty that we should be humble indeed. Above all, let us avoid dogmatism and encapsulation where the evidence is conflicting. For example, we do not now know how to resolve the antithesis between Skinner and Rogers. We are certain they cannot both be right, at least right to the extent that each thinks himself now to be. Operant conditioning with its sure movement of the person in the direction of that behavior which is reinforced by the experimenter cannot be the complete explanation of behavior if Rogers' concept of the subjective self as a reality is also true. Who is to say that we now have any more than a small glimmer of light on the resolution of this crucial problem?

The assumption that the counselor may safely draw upon his own educational and vocational experience in counseling the student.

The danger in so doing is that the counselor is drawing upon his yesterday to help the student with his today and tomorrow. The world in which the counselor went to school and had his early job experiences is no longer in existence. The more rapid the rate of change, the greater the gap between yesterday and tomorrow. It is most human indeed to "draw upon our experience" but of this the counselor must beware. Some of what we have learned may be for tomorrow but most of it remains for yesterday. Dare we generalize from our past to the student's future?

Some Prophylactic Measures

What can the counselor do to avoid these encapsulations? How can he become more accessible to today and to tomorrow?

We should persist in a regime of unlearning something every day.

Each day we should take some fact which is no longer a fact and persuade ourselves that this should be dropped from our vocabulary and from our cumulative store of presumed knowledge. Each day we should examine some situation which seems very familiar to us but which no longer may be present in our society. Each day we should question some social relationship which was not present when we were a child but is very present now - such things as the new African nations, the Communist nation less than an hour away from us, the fact that our childhood family and its pattern no longer exists.

Each day we should question something we believe but that other people of integrity may reject. This is to remind ourselves that there is a difference between our culture and the culture of the parent, the culture of the teacher, and the culture of the child. The thing that we believe in deeply may be something that someone else has every right not to believe in.

We should check items of information to be given to students in terms of the direction and rate of change, not just the accuracy of the information for now.

The what is only part of the story. How stable is the information? The counselor must continually tell himself "What I say is for now only. What I must do in whatever I communicate to the student is to suggest the direction in which change in the information may be anticipated."

We should accept as an obligation the encouragement of students who think differently from us.

These may be uncomfortable people to live with, but is comfort our gauge? Students who think differently are never popular, but they may be the hope of the world. Who is to recognize these differences and encourage them if not the counselor? The counselor's task is to help a person with whom he does not agree to become his own man rather than someone made in the image of the counselor. Peter Vierick has suggested that the "hero of the day" is the man who is adjusted to the ages but unadjusted to this age. How can we help a student to respect his own differences rather than to deprecate them? How indeed unless we respect them first? We can help a student develop his own integrity even though it is a different integrity.

Finally, we must batter down our tendency to be self-righteous.

What is "right" is right for me only, and I should not be smug about its being right for anybody else. It is true that I believe in some things that are beyond fact, but these beliefs must be in Man's creativeness and resiliency and (for this writer) in the Creative Love back of man. Can we believe in something bigger than ourselves without feeling superior to those poor mortals who do not have such faiths and such beliefs? It is important that we believe if we can believe without feeling superior about it. There can be a snobbishness about faith as there is about fancy.

If we return now to the need for security, I must remember that it is security in principles and security in faith that I seek for myself, not security in facts. There is security in my faith of what man may know and become. There is security too in a kind of giving to life as well as a getting. We seek purpose constantly and there may be a purpose in how I relate myself to others as well as how I come to understand myself.

And so the counselor[3] must face change with trepidation and fight encapsulation with vigor. He must, it seems to me, have humility in the face of ignorance, have compassion for those who want to be loved, have courage as he struggles for the assurance that he may always seek but never find. Two men, many hundreds of years apart have said it well: "For whoso seeks the truth will find in nowise peace of heart" (Boethius); "You may seek either truth or repose. You must choose, for you cannot have both" (Emerson).

It will not be easy to be a counselor. Only the strong need apply.

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[3] This paragraph should perhaps have been written in the first person. Perhaps it is presumptuous to tell the counselor what he can do. All I really have a right to do is to tell myself. This is a personal kind of document throughout and all of my admonitions are addressed first of all to me.